Lettsomian Lectures

ON THE

NATURE AND TREATMENT OF ECZEMA;

AND, INCIDENTALLY, THE INFLUENCE OF CONSTITUTIONAL CONDITIONS ON SKIN DISEASES.

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LECTURE III.

Treatment of eczema—General indications—Necessity for ascertaining the stage, variety, and complications of the disease present—Soothing treatment always needed in the acute stages; and curative measures, more properly so called, to be used in the latest stages—A detailed account of the general and local remedies called for in the three varieties of eczema, and the proper way and time of using them.

MR. PRESIDENT AND GENTLEMEN,—Eczema is a curable disease, running, as a rule, through certain definite stages—the passage through which we should promote; aggravated by anything that "irritates" the skin itself from within or without; occasionally relieved, or even aborted, in its slighter forms or earliest stages, by soothing remedies; liable to be complicated by accidental occurrences consequent upon the persistence of congestion, such as œdema, induration, atrophy, &c.; modified by constitutional conditions, especially gout, struma, and syphilis; influenced by organic diseases of vital organs—the liver, the kidneys, the heart, the stomach; associated always with a lowering of the general vitality of the system, and not cured by any "specific." I venture to lay emphatic stress on two of these points—viz., the modification of eczema by different constitutional conditions, and the necessity for adopting a soothing plan of treatment always in the earlier stages of the disease.

There appear to me to be three questions which every practitioner should ask himself when a case of eczema falls into his hands for treatment—Of what variety is it? At what stage is it? And what are its complications?

First, as to variety. It is here that Willan's division of eczema becomes so satisfactory. Though, as I stated in my first lecture, there are no hard and fast lines between the simple, the inflammatory, and impetiginous varieties of eczema, yet they are broadly distinguishable in the general run of cases.

Secondly, as to stage. If the skin of an eczematous subject be essentially irritable, as I believe, then, whenever and as long as any local inflammation is present, or there is pain, must we soothe. At the very outset of an eczema, sedatives may much abate, though rarely stay the progress of, the disease. This happens in cases of eczema simplex; but as a rule cases run on to the discharge stage. I hold most resolutely that until that stage is passed, and squamation is reached, nothing in the form of a stimulant or irritant should be applied to an eczema. Hence the consideration of the stage of an eczema, in my eyes, has a most important significance. When the stage of squamation has finally set in, the disease may be termed chronic, and we may stimulate. Until that is reached, however, the disease should always be regarded as acute, and be soothed. Perhaps this is the lesson, of all others, to teach in the present attitude of dermatologists in their cure of eczema. Further, when the stage of squamation has lasted some time, as before observed, we may have to treat chronic inflammatory thickening rather than eczema.

Lastly, as to complications. The very last matter mentioned is one of them, but they are chiefly general conditions, or functional disease, and these we shall note in detail in speaking of general treatment.

But I may appear to have said too little in a general way of the internal treatment in relation to variety and stage; I hasten to add, therefore, that it follows from what has been said that there is one general rule applicable to all cases of eczema, and that is, that we should attempt to conduct all cases of this disease to the scaly stage as soon as possible. To moderate excessive tissue-change in the skin, and allay the nerve-irritation by general remedies in the early stage, is to aid in this object. But in eczema simplex, no general treatment is requisite, save aperients and common tonics, it may be. In eczema rubrum, dyspepsia, gouty tendencies, and the circulation of effete products in the blood must be altered. But in the case of eczema impetiginodes, the pus-formation is not an evidence of intensity of inflammation, but of a pyogenic habit of body; and whilst we meet eczema rubrum associated with free pus-formation by salines, aperients, and the like, in the earliest stages, we *at once*, and from the outset, have recourse to cod-liver oil, iodine, iron, and the like, in the impetiginous variety, for these alone control the formation of pus here. We have learnt this, perhaps, empirically, and without giving a thought as to the reason. It will be noticed how Willan's division of eczema helps us in this matter.

In entering upon details, I shall speak of the acute stages first, and leave the chronic eczema to be specially dealt with by-and-by. Let us first get rid of the treatment of eczema simplex: such as is produced by the action of external irritants—e.g., heat, sand, flour, water, soda (as in washing), arnica, sulphur, &c. Here the disease is localised, and the treatment is practically local also. The familiar instance of the eczema induced in washerwomen and housewives who do much washing, by the action of soda, may serve as a type of this variety. It is true that the attacked are often debilitated, and benefited by tonics; but, as the rule, the exclusion of air from the part, its removal from the influence of the irritant, and the application of some soothing and absorbent remedy, cure the cases. If we use a lotion, which is preferable in the daytime, it is best to employ the following:—An ounce of very finely levigated calamine powder, with two drachms of glycerine, half an ounce of oxide of lead, and six ounces of water. This may be applied, after being well shaken up, by means of a sponge or camel's-hair pencil frequently (five or six times during the day), the powder being allowed to dry on. The air is in great degree excluded by the powdery layer left upon the skin. If there be much swelling, I prefer to use, in addition, some of the lead ointment of the old London Pharmacopœia, thinly spread on rag, and closely applied at night, being kept on with a few turns of a bandage. If at the outset of the disease there be much pain, then poppy fomentations may precede the use of the ointment, and the first application of the lotion in the morning. An aperient or two, with the dilute mineral acids and bitters as a tonic internally, and some tarry preparation locally at the fag end of the attack, suffice to complete all that is needed for the treatment of eczema simplex.

Now we turn to the next clinical variety of eczema in its acuter stages. There is a certain number of cases which seem to locate themselves on the border-land between this variety and eczema simplex. A typical case may be given as follows. A man (or woman), aged forty or so, presents himself at the hospital, and states that he is attacked by an eruption on the head and neck, which gives off a good deal of scurf. On inspection you notice an eczema in the squamous stage, affecting the whole scalp, accompanied by a good deal of irritation, and some slight redness. The eczema may extend down the neck, and there may be patches of the same kind about the arm, or the leg, or the thigh, and sometimes the trunk. The history does not give evidence that any marked inflammatory state has preceded, though the patient says the parts now attacked were hot, red, and discharged before the scales formed. The only thing about the general health is debility. The patient has had an anxious time in regard to his duties or his family; has worked hard and has lived fairly; but somehow or other has lost tone and flesh. He is not up to his usual mark. He looks pale, languid, and thin; his assimilation is bad. Now alkaline baths, cod-liver oil, and the mineral acids, with tonics, quinine, or, if there be much atonic dyspepsia and itching, strychnine, with locally the calamine lotion, and presently a weak tar stimulant unguent, and not mercurial ointments, have never failed in my hands to cure. But the mass of cases falling under this head are more inflammatory, and connected with definite derangements of the general system. Mistake is often made in applying the

term eczema rubrum to an eczema which attacks the bends of the joints only. It should be appropriated to the disease according to its inflammatory character, and not its seat. It is at the same time true that eczema rubrum very frequently involves the flexures of the joints.

Well, supposing that we have a well-marked case of eczema rubrum to treat, let us take the general remedies first of all. I am in the habit of teaching that we should search for one or more of the following conditions: (1) an hereditary tendency; (2) the strumous diathesis and bad feeding (well marked in young life), and strumous taints in the old; (3) simple debility; (4) chronic dyspepsia; (5) gout; (6) nervous depression connected with mental excitement; (7) deficient kidney action, especially in old persons; (8) organic disease of the heart in the aged. How is any one specific remedy, arsenic, to meet all these varied conditions?

(1) Is the disease hereditary? Then a very carefully arranged plan of treatment, dietetic, hygienic, and medicinal, is needed, for here we have eczema with a profound hold on the system.

(2) The strumous habit must be combated wherever it is met with; and, happily, our success is certain if we persevere with cod-liver oil, steel wine, and the like. I will only add here, that wherever we find an eczema in old people in which the pus-formation is altogether out of relation to the degree of local inflammatory action, we should be careful to seek for a history of struma; and even in the oldest persons antistrumous remedies greatly aid in the cure of the disease—at least I find it so. Senile struma is an important state to recognise.

(3) Simple debility is very frequently all that can be detected even in those instances in which the disease is extensive and severe. It may be advisable, even under these circumstances, if there be much local heat, burning, or smarting, to commence with saline aperients, or even small doses of antimony with ammonia; but speedily we should have recourse to tonics. I know none better than the mineral acids with bark; but it is necessary, in order to get the full benefit of the former, to increase the dose—say of the dilute nitric acid, to thirty and forty drops in the dose. At the same time, cod-liver oil is even more useful in thin and spare subjects. Rest from over-work of body and mind, change of scene, good food, and a paucity of stimulants, are also most beneficial in these cases.

(4) Chronic dyspepsia is very frequently present as an aggravant of eczema, and it requires all the tact of the physician to remedy it. It is in these cases that alkalies occasionally do much good in connexion with bismuth, small doses of strychnine, iron, ferruginous waters, or the mineral acids, as the case may be. But the patient must also be carefully dieted. In those of good position the diet must be simplified, the plainest meats be taken, and stimulants avoided.

(5) Eczema often occurs in gouty subjects, and needs a good deal of care, for the gout is oftentimes in an undeveloped form. To use a common term, it "hangs about the patient." Now, so long as there is uric acid freely circulating throughout the system, so long will it be difficult to make a satisfactory progress with the eczema. If there be marked gouty symptoms, with loaded urine, the ordinary treatment for gout may be used with benefit; but in the so-called "suppressed" forms of gout the value of saline aperients, guaiacum, and iodide of potassium is incontestible. I think highly of such waters as those of Friedrichshall and Marienbad in such cases, in the morning, so as to empty the gastro-intestinal canal freely. The addition of an equal volume of hot water increases their aperient action.

(6) Nervous depression in connexion with mental distress or pure excitement is common as the general condition associated with eczema. The treatment is obvious—nervine tonics. Arsenic is often beneficial in these cases; but quinine, bark, and acids, with the milder sedatives, are better. I quite agree with Dr. Fraser, that in those cases in which there is marked hyperæsthesia, or, to use more homely language, intolerable itching, strychnine does much good. I am supposing that, under all the circumstances named, at the outset, when the inflammatory symptoms run high, salines and aperients are given first of all, in connexion with local remedies, to allay the inflammation. I also assume that anæmia would have its appropriate remedy.

(7) It is very important to attend to deficient kidney action, especially in eczema rubrum of the legs, in old or oldish persons. Some of the best results I have ever obtained have been by the use of diuretics freely given under these conditions, and I have no little faith in the employment of digitalis as one of the ingredients of the diuretic compound. An eczema rubrum will often rapidly improve when the quantity of urine passed rises to a goodly amount from a scant quantity before. The local treatment is, however, of much importance in these cases.

(8) It has fallen to my lot to see a goodly number of cases of eczema, and general eczema, too, show themselves as the first apparent evidence of a general break up in old people, and in these cases I have generally found a dilated and hypertrophied heart—not always, it is true; now and then dropsy has come on, or chronic bronchitis of an annoying kind. The general treatment consists in remedies calculated to prevent or remove first of all the effects of the heart mischief.

You will notice, then, that there are many different disorders of health which we can very definitely fix upon as influencing the course of an eczema, and these must have each their appropriate remedies, used in connexion with ordinary antipyrexials, in the earlier stages of eczema rubrum.

Purgatives I do not think have any special curative effect in the case of eczema; they merely aid the action of other remedies by clearing out the primæ viæ, and so give the liver and kidneys a better chance of eliminating effete products.

But supposing the acute stage to be passed, and the eczema to be getting chronic and scaly, what shall we do as regards general remedies? Here arsenic is really of service in some cases, if the disease is extensive, and markedly scaly—psoriatic, so to speak; if the patient is of the nervous temperament, and there are no marked secondary changes in the skin consequent upon eczema. In those cases where the cellular tissue is involved, and there is a disposition to induration, I think alterative doses of bichloride of mercury and bark of infinite service; and here I agree with Dr. Fraser in regard to this treatment. I have now and then seen cases of eczema rubrum in a chronic state, in which there has been a remarkable puffiness, evidently œdematous, almost amounting, in fact, to a dropsical state of the skin, and this in young subjects. Here diuretics have benefited considerably, in alternation with cod-liver oil, iron, quinine, iodide of iron, and the like.

In regard to the local treatment of eczema rubrum, the lesson we all need to learn is the avoidance of irritants. Now suppose that we have the disease affecting a large part of the body very severely, and that there is great heat and burning of the skin, what is to be done? Perfect rest must be enjoined, and the parts, if not freely discharging, are to be kept excluded from the air in some manner or other. It is not always an easy matter to say what will soothe in any particular case. Bran infusion, or decoction of marsh mallow or poppy-heads, to which a little clarified size has been added, are very good applications to start with as lotions night and morning. The linimentum aquæ calcis is sometimes efficacious. After bathing the parts in either of these liquids (and we should be careful not to sodden the skin), we may adopt two plans—apply absorbent powders, which help to exclude the air, or the mildest neutral unguents. If there be any discharge, the former are best adapted, and equal parts of starch and oxide of zinc form an excellent powder for the purpose. Dr. Anderson gives a very good prescription of the kind, containing camphor in the proportion of half a drachm or so to an ounce. In the case of the poor, nothing is perhaps so convenient as ordinary whitening, made into a thinnish paste and applied with a brush. But, if powders are used, they should be removed very carefully every twelve hours, and the poppy decoction or thin gruel may be applied for the purpose. When the surface is ceasing to discharge very freely, or not weeping so much, hot, stiff, glazy, and irritable unguents are preferable; but they will disagree if at all rancid. The best I know is the compound lead ointment of the old London Pharmacopœia; this should be perfectly fresh, and never used if it be more than three or four days old. The application must be very carefully made. It should be spread on thin strips of old linen, and these are to be adapted closely to the affected surface. The patient, if possible,

should be really packed in ointment, absolutely to exclude the air. The ointment must be renewed every ten or twelve hours. The benzoated oxide of zinc ointment is also good, but I have a preference for the other. Now, if the simple treatment above described agree, it should be steadily pursued for some time, until the heat, redness, and swelling subside. It may be well to prescribe, in addition to the above remedies, if the irritation is not relieved, an alkaline and gelatine bath each night. I have seen a great deal of harm done by the application of ointments containing mercurial compounds in the inflammatory stage of eczema, and they should be avoided. When the subacute condition is reached, the time has come for the use of lotions, in addition to the alkaline and gelatine baths. I prefer the calamine and oxide of zinc, about half an ounce or an ounce of each, with two drachms of glycerine, and from six to eight ounces of rose or lime water. The parts are bathed with thin gruel, and cleansed twice a day, and the lotion is applied with a piece of sponge or camel's-hair pencil very freely several times in the twenty-four hours. The compound lead ointment may likewise be used if the lotion do not seem to agree. In old people, where the skin is dry, red, and itchy, wet packing on a small scale at night, with dressings of Hebra's litharge ointment, or the benzoated oxide of zinc, to which a small quantity of carbolic acid or balsam of Peru has been added, is serviceable. In these cases the water-dressing, however, gives great relief. But there is still one more point relative to acute eczema: it is the necessity for the removal of the crusts which form, and the prevention of their re-collection. Patients are most obstinate in dealing with this matter. It is most difficult to get them to understand that the remedies are required to be brought into contact with the surface beneath the crusts. The crusts should be removed by rubbing in oil or glycerine, or by poulticing. Once off, it is best, by the use of unguents, to prevent their reformation. Even in the case of the scalp, the skin can be kept clean and free from crusts if a little trouble is taken in smearing the ointment fairly over it. It is proper to cleanse with warm water and white of egg once a day at least. I seldom use any other remedies than those already enumerated for the acute stages. In the transition between the acute and the chronic forms of disease, where there is a little weeping, lotions of calamine and oxide of zinc are still the things to which I trust. When, however, the discharge is ceasing, if there be a relaxed and semi-livid hue from congestion of the skin, especially if a whole leg or arm, for example, is affected, the best possible results are to be obtained by the careful application of diachylon spread on thinnish leather. Where the circulation remains languid, I sometimes use a solution of caustic in nitric ether. So much for acute eczema and its treatment by soothing remedies.

Now, the moment the discharge feature lessens, the swelling goes, and squamation approaches, the disease is regarded as chronic; and I begin a very different and an active kind of remediation. As regards general remedies, antiphlogistics, active aperients, antimonials, and alkalies give place, unless there be any special indications for their continuance, to tonics, so-called specifics, and medicines for diathetic conditions. These I have referred to. I must speak especially of the local treatment. For convenience sake, I divide the instances of chronic eczema which are to be treated into three groups:—The first, in which the disease is slight, the textural alteration more or less superficial, and the scaliness distinct, but in which there is no crusting; in fact, a slighter form of eczema squamosum. The second, in which the scaliness is very well marked, and in which there is a good deal of infiltration into the skin, with occasional weeping, and a tendency now and then to the formation of crusts. The third, in which there is considerable thickening of, and infiltration of serous or plastic matter into, the diseased surface, in which itching is marked, and the eczema assumes a papular aspect. Astringents and absorbents do for the first class of cases, nothing else is needed; tarry compounds for the second, which approach psoriasis in aspect; and the so-called soap treatment is best adapted to cases in the third group. The use of astringents—such as weak lotions of sulphate of zinc, alum, borax, and applications like glyceral tannin—often suffice to complete the cure of chronic eczema where the affection is mild; but experience shows that mercurial preparations are equally efficacious, and custom has given them preference in these cases. I use generally the nitric-oxide-of-mercury ointment, or one composed of five grains of the white precipitate to the ounce, or citrine ointment diluted with five or six parts of adeps, with or without oxide of zinc, to slight scaly eczema of the scalp, the face, the legs, ears, and other parts. Occasionally a weak solution of nitrate of silver has seemed to me to do wonders. I cannot say that I like sulphur, having seen so many cases aggravated by its most injudicious use. Where the eczema approaches in aspect to psoriasis, we may have recourse to the aid of tarry preparations, with excellent results, because all that is needed is to rouse the skin by stimulation to healthy action, and tarry preparations are admirable stimulants. It is no bar to the use of tarry compounds that itching is present, but rather the reverse. I do not say that tarry preparations are not of service in other forms of eczema, but *par excellence* are they beneficial in their action in the quasi-psoriatic eczemata. But it is not always a matter of certainty to say whether tarry compounds will agree well with an eczema. To a certain extent we must be guided by experiment. This we may say, that in those instances in which there is much dry scaliness, accompanied by obstinate itching and the formation of true papules, they should be tried. I confess that I have a preference for the pyroligneous oil of juniper over all other similar preparations, and use it in the proportion of one to four drachms to the ounce of adeps. The liquor carbonis detergens and oleum fagi, however, are good. I do not find myself so firm a believer as some in the virtues of carbolic acid as a panacea for all skin affections. Tarry preparations must be applied to the real diseased surface; that is to say, we must, by water-dressing or greasing, get away all scales and scabs from eczematous patches before using the remedy. Now, it is acknowledged on all hands, as indicated before, that tarry compounds disagree with many cases in which *à priori* they would be thought to agree. I have seen eczema often aggravated, and even tar acne induced. I have said they are most efficacious in the papular aspect of eczema: by that I mean, the truly papular stage of eczema. In my second lecture, you will recollect I stated that dermatologists had not made proper distinction between the true papules of eczema and erected and congested follicles; and this brings me to notice one point upon which I lay great stress in the treatment of eczema. Whenever there is a papulation around an eczema which has been much inflamed, we should suppose at once that the follicles are irritated and congested. A careful examination will very soon tell if this supposition be true. If so, we conclude that there is considerable perversion of the innervation of the integuments; that the skin is very irritable, in fact, and that any stimulant treatment is sure to do harm; that, notwithstanding the eczema-patch itself is dry and scaly, the treatment must differ essentially from that adopted in similar cases, because of the indication afforded by the follicular congestion. In these cases the strapping with diachylon acts admirably. I believe that it is from the circumstance that tarry compounds have been used without distinction as to the diverse nature of the cases which make up papular eczema, that uncertainty exists as to their action. If we recognise the difference between true papular eczema and the condition induced by follicular congestion, we shall be much more cautious in our use of tar for the future. We must be specially careful in our use of tar in cases of eczema rubrum, and should abandon it if it increase rather than allay the itching, if it augment or induce any discharge, or lead to swelling or redness of the skin.

In the case of eczema affecting the fingers and toes, where there is no little pain and heat, with fissuring, it is a good plan to soften up the parts with some simple ointment—the benzoated oxide of zinc,—and then to dress the parts carefully with diachylon plaster cut up into strips and adapted to the surface. If the cracks are very severe, the application of nitric acid will be decidedly beneficial. Where there is much thickening, the soap treatment, to be described directly, should be had recourse to.

Thus far I have spoken of simplest chronic eczemas in their scaly stage, and of those instances of chronic eczema arising out of eczema rubrum, especially in which there is slight infiltration, and therefore some thickening, and also squamation; but there is yet the treatment of the third

form of chronic eczema to notice. The cases to which I now refer are all those in which, as I have said before, the results of chronic inflammation replace, as it were, the eczema. As a consequence of the antecedent inflammation we have infiltration of plastic or serous material into the tissues of the affected part, with induration, hypertrophy of the cellular tissue, warty papillary growths and the like, culminating in false elephantiasis (Arabum), or more properly bucnemia. In the less severe cases, blistering and the soap treatment are the two chief means of cure; and I particularly wish to urge practitioners to use the latter more frequently in such cases, and those to which I now refer. Some dermatologists use potassa fusa, iodide of mercury, or iodine, to cases of chronic eczema with much thickening. But I do not recommend these; and we must remember that we may lose our patient very readily if we use too violent measures. I do not, for this reason, very much like blistering. Mr. Gay tells me, however, that in his hands it has proved most beneficial; and he is not singular, I am aware, in this experience.

As I have said before, the soap treatment is the one I prefer, in the general run of cases. Hebra has done essential service to therapeutics in bringing this mode of cure so prominently before the notice of the profession. The way to use the soap is as follows. Take a small portion of soft soap, and rub it freely into the thickened patch by the aid of a piece of flannel, wetting the latter from time to time, as Hebra says, to make it lather. When distinct soreness is felt, the inunction should be stopped, and the part wiped fairly dry. The part is then to be very carefully covered with some mild ointment spread on linen, and in such a way that air is entirely excluded. The best is the litharge ointment of Hebra. The application of soap and unguent should be made twice a day. After a day or so the patch softens up, but exhibits small red points, which may vesiculate; the treatment is to be continued until these latter disappear. The practitioner will notice by the cessation of itching, and the general smoothing of the patch, that improvement is in progress. Of course this plan of treatment can only be used to really chronic eczema. We are accustomed to see thickening of eczematous patches mostly about the leg. The soap treatment, with bandaging, and the exhibition of iodide of potassium, or mercurials, internally, with diuretics if needed, do certainly work very remarkable cures as the rule. Rest may be required, and firm strapping, in the cases of false elephantiasis.

Nothing has been said as yet relative to the management of eczema impetiginodes. Of course, in those cases where the pus-formation is accounted for by the intensity of the inflammatory action, antiphlogistics, salines, and aperients are required at the outset, with the ordinary local treatment suited to eczema rubrum. But this is not the case where the pus-formation is out of all proportion to the local inflammatory action, where it is clearly due to the existence of a well-marked pyogenic habit of body; and this applies as well to the case of the infant as the old man. Here, a building up instead of a pulling down plan of treatment is called for. In true eczema impetiginodes, the diminution in the pus-formation is to be brought about by the use of general remedies—cod-liver oil, steel, good food, fresh air, and the like. I press upon the attention of the profession this point respecting the relation between the pus-formation and the degree of inflammation on the one hand, and the existence of the strumous diathesis on the other. The local treatment of impetiginous eczema is, in the early stages, that of eczema rubrum entirely; in the later, I never get beyond the use of the simplest astringents or weak white precipitate ointment, because all active stimulants and irritants reproduce or increase the pus-formation. In eczema infantile, what is needed besides is attention to the diet; that it be good, and regularly given; that such things as corn-flour made up with water be at once condemned, and good milk, with Robb's biscuits, be substituted, at the rate of two pints of the former per diem in the young, if the mother is weak and cannot nurse or is unfit for nursing. If the teeth are through, good broth may be given once a day. Then the secretions, if pale and unhealthy, should be rectified; and if the child is pale, steel wine given. I do not much care for arsenic. It is fashionable, and it does good in scaly eczema. As I said before, a weak ammonio-chloride of mercury ointment is the best local application in the more chronic stages.

REMARKS ON A CASE OF COMPOUND DISLOCATION OF THE ANKLE, WITH OTHER INJURIES;

ILLUSTRATING THE ANTISEPTIC SYSTEM OF TREATMENT.

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(*Concluded from page* 443.)

BEFORE proceeding to relate the further progress of this case, I have to direct attention to another circumstance of great practical importance in the injury to the ankle. On the day after the accident it became apparent that the violence to which the part had been subjected had destroyed the vitality of portions of the integument, not only at the anterior margin of the wound, where a slough about half an inch in breadth existed, but also in detached patches at the outer aspect of the dorsum of the foot. Now, if any one of these dead pieces of skin had been left exposed to atmospheric influence, it would have putrefied; and the putrefaction would in all probability have spread along the extravasated blood and serum in the subcutaneous tissue till it had reached the seat of fracture and the articulation, and all our antiseptic treatment of the wound would have proved nugatory. I once saw a case of compound fracture of the forearm in which the antiseptic treatment had been pursued with thoroughly efficient means, but after the lapse of some days I was asked to look at the limb in consequence of unsatisfactory appearances. I found the dressings applied perfectly correctly, and I had no reason to doubt that they had been so from the first; but the wound, when exposed, emitted an offensive discharge. On investigation I found a small slough of the skin, about half an inch in diameter, situated some inches from the wound, and just beyond the limits to which the lac plaster had been extended. The little slough had by this time undergone softening from putrefaction, so that the nozzle of a syringe could be introduced through it; and, on injecting some of the watery solution of carbolic acid, I found that it passed freely beneath the integument to the seat of fracture and to the external wound. Whether the skin had been thus extensively detached at the time of the accident, or whether the subcutaneous tissue had been simply loaded with extravasated blood, the spreading of the putrefactive fermentation from the slough exposed to the air was easily intelligible.

It is therefore essential that every isolated slough which may exist in the vicinity of a contused wound should be dressed antiseptically like the wound itself. But it may be asked, how is it possible to secure this at the time of the first dressing, seeing that there is nothing in the appearance of the skin in the first instance to indicate that vitality has been destroyed? The simple rule for attaining the desired object is to let the antiseptic plaster first applied overlap the apparently uninjured skin far and wide in all directions. Then, on the following day, let the integument be carefully scrutinised, when any dead portions will be recognised by a dusky discoloration. Every such discoloured patch should then be dressed, as if it were a wound, with a piece of protective and well-overlapping lac plaster. If the protective were omitted, the slough would acquire stimulating properties from the carbolic acid perpetually communicated to it by the lac plaster, and would excite the neighbouring living parts to granulation and "antiseptic suppuration." But if efficiently protected from the antiseptic, as well as from putrefaction, the dead tissues will be absorbed and organised like the clots of blood, new living structures being formed at the expense of the effete but nutritious mass.

Such was the course pursued in the present case; and, the oiled silk protective having been used in two, and sometimes three, layers, the results have approached very closely to those which are theoretically attainable. Some of the smaller portions of slough have been entirely removed by absorption, their place being taken by vascular new tissue. Five

weeks after the accident, the large slough at the anterior margin of the wound had been considerably reduced in superficial extent, without the formation of any line of separation. What remained of it was of firm consistence, though of yellowish-white colour. In order to ascertain to what extent the process of organisation and vascularisation had advanced in it, I scratched its central part with the point of a sharp knife, and found that the little incision bled when I reached a depth not above half that of the cutis vera, whereas the original slough had undoubtedly involved, not only the entire cutis, but the subcutaneous fat. The mass of dead tissue, though superficially situated, being protected from the disturbing influence of external agency, was undergoing the same kind of change as is experienced by parts deprived of vitality in the subcutaneous injury of a simple fracture.

The appearances of the wound itself presented an equally striking difference from those met with under ordinary treatment. Even at this late period, five weeks after the accident, the original clot was still to be seen, of an orange-brown colour, on a level with the surrounding skin, but greatly diminished by contraction and also by cicatrisation, epidermic formation having advanced considerably from all parts of the margin of the wound, except anteriorly, where the slough was present. An open sore healing by cicatrisation without suppuration, or even granulation, is something new in the history of surgery, though exactly what might have been expected from what we know of healing by scabbing. At the lower extremity of the wound the new and vascular tissue which had been formed by organisation of the clot was slightly more prominent than the rest, and had somewhat the characters of granulations covered with epidermis. But not a trace of pus had been produced. On the occasion when these observations were made, eight days had been allowed to pass since the last dressing, and in order to estimate accurately the quantity and quality of the discharge, I removed the lac plaster without injecting any watery solution beneath it, knowing that at this late period no risk would be incurred by free exposure of the wound. The bandage outside the plaster being free from stain, the whole discharge of eight days had accumulated beneath the impermeable layer of lac, and consisted only of about two minims of white but thin fluid, together with some desquamated epidermis. I subjected the milky liquid to microscopic examination, and found that the opaque element was composed exclusively of epidermic scales.

The vascularisation of the clot, like that of the sloughs, had been advancing from below as well as round the margins. Fifteen days after the accident I cut into the central part of the then chocolate-coloured coagulum, under the protection of a stream of watery solution of carbolic acid, and found that it did not bleed, though the knife penetrated about a quarter of an inch. But on a repetition of the experiment twelve days later, blood oozed up from an incision carried to only about the depth of an eighth of an inch.

The process of organisation of clots and sloughs thus observed in an external wound, though of the same essential nature as that which occurs in subcutaneous injuries, was undoubtedly retarded by a certain degree of abnormal stimulation inseparable from the method of treatment. For, besides the fact that the protective was not perfect—i.e., not absolutely impermeable to the carbolic acid furnished by the lac plaster,—the clot and sloughs were more or less soaked with the antiseptic lotion every time the dressings were changed; and though the acid is soon diffused and carried away by the circulation, this circumstance necessarily operated as a disturbing cause. Hence the rate of healing will be more rapid in proportion to the efficiency of the protective, and also to the length of the intervals that can be allowed to pass between the dressings consistently with security against putrefaction. In the present case the period between the dressings was extended as the discharge diminished, and it may be worth while to mention the successive intervals. From the date of the accident they were as follows: one day; one day; two days; three days; three days; five days; five days; seven days; and finally eight days; bringing the time up to five weeks from the receipt of the injury. But I am not prepared to recommend a longer time than a week, and even that only when the discharge is practically *nil*. Indeed, in our patient, putrefaction did take place in the period following that of eight days. I had intended allowing another week to pass before meddling with the limb, but at the close of the sixth day my house-surgeon informed me that the patient had got up two days before, without leave, and had made his way, on chairs as crutches, to the fire, a distance of several yards; and, further, that there was an appearance of a stain upon the bandage. I therefore exposed the limb, and found that the discharge was considerably greater (amounting to perhaps half a drachm), fetid, and, for the first time since the accident, unmistakably puriform. The dressings removed on the last occasion had been perfectly odourless; and the most probable explanation seemed to be, that the vascular engorgement of the limb occasioned by the dependent posture had induced an unusual exudation of serum from the wound, and that this circumstance, combined perhaps with some movements of the foot, had proved too much for the antiseptic power of the lac plaster at that period after its application. Happily the occurrence was of no consequence, as the wound was practically superficial, and beyond the reach of danger from putrefaction. But it may serve as a warning. And it must ever be borne in mind that, in the earlier stages of such a case as this, where the avoidance of putrefaction may be a matter of life and death, it is better to err on the side of dressing too often, rather than too seldom.

The putrefaction had evidently occurred quite recently, for the clot and sloughs were not yet detached. I clipped away most of the slough, and scraped off the clot till I got down to bleeding tissue, and, with the view of correcting the putrefaction in such portions of dead material as remained, I treated the sore with a strong solution of carbolic acid in spirit of wine (one part to five), and, having washed the skin around with watery solution, applied lac plaster, omitting the protective. Next day, however, the putrefaction was reproduced; showing that the antiseptic employed had not thoroughly penetrated the adhering portions of slough. Having at hand some saturated solution of chlorine gas in water (the liquor chlori of the British Pharmacopœia), I applied it freely to the sore and also to the surrounding integument, and then dressed with protective dipped in chlorine water and covered with overlapping lac, as formerly. On the following day the sore was destitute of odour of any kind, while the discharge was greatly reduced. For the future it will be treated as a superficial ulcer.

With regard to the injury to the ankle, it only remains to be mentioned that at the present time, six weeks after the accident, the fracture of the internal malleolus has united firmly, and the foot is in good position; while the patient can already move the ankle-joint through a considerable angle.

The four severe scalp wounds—three of which, it will be remembered, involved exposure and injury of the bone—healed completely, without the formation of a drop of pus. And it was an interesting circumstance that, on the removal of some scabs, one of the silk sutures, which had been accidentally left, was found still securely in its place, three weeks after its introduction, and came away clean and dry, like a metallic stitch.

The compound fracture into the elbow-joint also healed without any suppuration. Five weeks after the receipt of the injury the splint was removed. The broken olecranon was found firmly united, and the patient has now free motion of the articulation.

Edinburgh, March 26th, 1870.

THE INFLUENCE OF ATHLETIC SPORTS ON HEALTH.*

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THE possession of the sound mind in the sound body is rightly held as essential to the most perfect form of our physical existence; and to adjust evenly the balance between the two is a task whose importance rivals its difficulty. The undue development of intellectual vigour, on the one hand, is well known to have a weakening and even

* Read before the Medical Society of London, Dec. 20th, 1869.

destructive influence on a feeble frame; whilst, on the other, muscular superiority often attends mental deficiency. And especially is this study interesting in its relations to youth, at which golden period the power, not only of the man, but, may be, of future generations, is being stored up; and at this time it frequently happens that unbridled excess in either direction has an influence for evil which our most subtle calculations can barely estimate.

Now there is no question that a certain amount of exercise and bodily exertion is necessary to promote the functions of life—that a proper allowance of muscular energy thus expended is of inestimable service in circulating the vital fluids and stimulating the nervous system to rapid and efficient action. The mere book-worm who pores over his folios day after day knows not the quickening and vivifying influence on brain and body of copious draughts of oxygen, nor the freshness imparted by the pulsation of newly oxygenated blood. He regards time spent in outdoor pursuits as filched from the service of his mind; little knowing, in his shortsighted wisdom, in what ample measure his work would thus gain in every useful direction. But should timely warnings at last impress him with the necessity of doing something to correct the evils of a sedentary life, his untaught efforts may only make matters tenfold worse.

The late Dr. Andrew Combe* has pointed out, with great force, the disastrous results of attempting severe pedestrian exertion without due preparation, and relates several instances of serious illness from this cause; and Dr. Richardson, in an interesting paper published in the *Social Science Review*, gives his experience of volunteering in this relation. After narrating a painful instance of death resulting from cardiac derangement following a forced march, he sums up as follows:—"It is my business simply and solely to indicate that the service, as it is now carried on, is too severe for the majority of overworked Englishmen, and that, instead of imparting national strength, it is imparting national weakness, by enforcing in excess exertion which in moderation would be most useful."

Exercise, therefore, to be safe and profitable, must be moderate, judiciously timed, and carefully adapted to circumstances; in short, it is a medicine, which, like all others, is potent either for good or evil. The brain worker, on returning from his constitutional, is often surprised to find himself fagged and overdone; but the fact is, that his muscles are relaxed by disuse, and his mind, exhausted by toiling in intellectual grooves, has no vital energy to spare. And this explains why the healthful stimulus short of fatigue, furnished by horse exercise, is so much appreciated by this class. Animals, whose brains are only sufficiently developed to procure their food and carry on a series of semi-mechanical actions guided by instinct, are enabled to undergo a vast amount of fatigue; but, when their work is done, we see, by the enormous amount of sleep they take, that their nervous systems require repose. A great increase in the power of sustaining long-continued muscular efforts is met with in such of them as are known to be thoroughbred, in which a certain strain of pure blood has been fostered and handed down by judicious management. We cannot bring them up to this point by any form of training alone: nothing could ever convert a cart-horse into a racer; but in man, education and the force of imitation may, under favourable circumstances, take the place of breed. Now, we must remember, in considering the effects of hard exercise on the constitution, that, even under circumstances of the most apparently profound repose, the nervous system has a considerable burden to bear. The heart, lungs, and intestines must be furnished with the stimulus requisite for their ceaseless round of duties; the muscles must be maintained in their normal state of tension; whilst the sensorium proper must exert a certain amount of effort to prevent itself from sinking into coma. So that the brain and spinal cord can never rest: sleep only brings a very partial cessation of activity; for were these vigilant sentries to slumber for even an instant on their post, life must cease. And if to the strain which they already have at all times to undergo, we add a large and, perhaps, a sudden increase, the destructive processes will so far exceed those of repair as to necessitate exhaustion, decay, and disease.

The influence of the mind over not only our sports, but every form of active exercise, is a matter of common everyday experience; and, as Mr. Erasmus Wilson well puts it: "In mind lies the great secret of beneficial exercise; and, without it, exercise is a misnomer, and a fraud on the constitution."* And how can this desirable combination better be secured than in those athletic sports to which the English owe so much of their national pluck, perseverance, and endurance? The Germans have long been noted for the perfection to which they have brought gymnastics; but, with this exception, they are a sedentary people, and I should be disposed to explain their astonishing powers of mental application rather by the great size of their brains than any other cause.

The French, again, are still less addicted to games, and in the pallid and anxious faces of their schoolboys we read the evil effects of a too exclusive application to book-work.

But, with characteristic go-a-headness, it has been reserved for the Americans to develop conditions far beyond other nations in their hygienic unwholesomeness. Living habitually in close, stove-heated rooms, bolting their food at railway speed, and partaking freely of alcoholic drinks, not with their meals in aid of digestion, but at all odd times of the day, can we wonder at their inferior physical development, or that their active minds frequently devour their bodies. Their University of Harvard, closely modelled as it is in many respects on the sister Cambridge of England, has not yet reached the pitch of civilisation necessary to appreciate the benefits of exercise, and Sir Charles M. Dilke thus writes on the subject:—

"Rowing and other athletics, with the exception of skating and base ball, are both despised and neglected in America. When the smallest sign of a reaction appears in the New England colleges, there comes at once a cry from Boston that brains are being postponed to brawn. If New Englanders would look about them, they would see that their climate has of itself developed brains at the expense of brawn; and that if national degeneracy is to be long prevented, brawn must in some way be fostered. The high shoulders, head voice, and pallor of the Boston men are not incompatible with the possession of the most powerful brain, the keenest wit; but it is not probable that energy and talent will be continued in future generations sprung from the worn-out men and women of to-day. The prospect at present is not bright: year by year Americans grow thinner, lighter, and shorter-lived."†

And the consequences of this system were instructively displayed by the great international boat-race, in which the American crew were beaten purely on account of want of staying power.

Now contrast with this melancholy state of affairs the sound health and perfect condition of a typical specimen of our public schoolboy or university man. We see in his clear eye and fearless look the spirit which animates his well-knit frame; and this excellent piece of humanity has been built up by the proper balance of mind and body, by the due adjustment of intelligent exercise to progressive mental work; and while his muscles are braced up, he has had the invaluable moral training of such combinations. Boating has taught him obedience and loyalty to his leaders; cricket has made his sight as keen as his arms are strong; while foot-ball has given that sense of coolness under emergency and that rapid decision amid conflicting circumstances which will stand him in such good stead in after-life. The Duke of Wellington is reported to have said that the battle of Waterloo was won on the Eton playing-fields; and although it might have been more correct to give the credit to our village greens, where the real material of his army was raised, the principle remains the same—that out-door sports have in great measure made the English people what they are.

How painfully different is the lot of girls in this respect. Compelled to study in close rooms, with little active exercise beyond the conventional regimental walk or some sort of stinted gymnastics, their frequently lowered tone, their craving for excitement, their occasionally morbid views of life and its surroundings, are readily explained. Things are fortunately not so bad as they were many years ago, when Sir John Forbes, writing in the "Cyclopædia of Practical Medicine," says: "We lately visited in a large town a boarding-school, containing forty girls, and we learnt on close and accurate inquiry that there was not one of the girls who had been at the school two years (and the majority had been as long) that was not more or less crooked." But

* Vide Physiology applied to Health and Education, p. 128.

* Vide Healthy Skin. † Greater Britain, p. 38.

still there is ample need for enlightened improvement. The ball-room affords at the present time the only opportunity of active exercise to many; and, in spite of the disadvantages of late hours and hot rooms, I am convinced that the muscular exercise of dancing supplies to many a real want. We hear much at the present day about the improved education of women; but it must be remembered that the more we assimilate their sex to our own in this respect, the more requisite will it be for them also to graduate in manly sports. Without cricket, or foot-ball, or rowing, it would be most unwise to tax the female brain with higher and harder work.

In the treatment of the insane, the value of modern enlightened improvement is nowhere better seen than in the great prominence now given to active employment; and anyone who pays a visit to Hanwell or our other great asylums must be gratified to see the inmates working eagerly at farm duties or other industrial pursuits. And among idiots the same principle has been most beneficially adopted. Dr. Langdon Down, whose ability and zeal have long made him our leading authority on all concerning this hapless class, has favoured me with an interesting letter on the subject. He writes:—"Great difficulty was always found in effecting the combination of idiots in games of play. There was always a want of spontaneity about them, and great efforts were required to induce a spirit of emulation. I took great pains to carry out systematic training in the playground, and with some remarkable results. Those who made exceptional progress in this made coetaneous progress in mental character. There is among idiots a great want of muscular co-ordination, and at the same time a want of endurance of muscular fatigue. They were for the greater part people of low *physique*—succumbed readily to illness that others would tide over. Some were agile, but they were the exception, and at a game of 'French and English' with intelligent boys of far less weight they would be nowhere. They played at this game, at racing, skittles, jumping over horizontal bars, leaping, &c. Some were employed on the farm, but they always avoided physical exertion. I made a strong point of carrying out physical training *pari passu* with the mental."

Now, as regards the proper dose, so to speak, of exercise, every man, under ordinary circumstances, must be his own physician. Physiologists have calculated for us the amount of work which can, or at least should, be done by a healthy man; and Dr. Parkes* states that such ought, if possible, to take a daily amount of exercise which shall be not less than 150 tons lifted one foot, this being equivalent to a walk of about nine miles. But, as he remarks, "as there is much exercise taken in the ordinary business of life, this amount may be in ordinary cases reduced." Of course in diseased conditions we will usually be expected to interfere, and lay down precise rules; but average people might as well weigh their ordinary meals as calculate by the inch or ounce how much their muscles ought to do. I believe a weakened heart may often be braced up by a moderate amount of exercise, for this may act medicinally like digitalis, either paralysing or reinforcing cardiac energy according to its dose and mode of administration. I have seen several instances of boys who had been debarred from active exertion on account of palpitation, speedily lose all their symptoms on being permitted to rejoin their companions' sports; and a striking case recently recorded in the practice of Dr. Stokes showed how a man suffering from intense dyspnœa, the result of extensive heart disease, only obtained relief by the violent exertion of running after a car.

But the unfavourable side of the question also demands some notice; and in devoting a few minutes to its consideration, we must recollect that muscular degeneration is frequently brought about by over- as well as by under-work. Dr. Chambers,† in his clinical lectures, narrates some curious instances of this: one in which the arms of a blacksmith's apprentice became atrophied from wielding too heavy a hammer; another in which a lady nearly lost the use of her right hand by excessive sewing; a third where a literary lady over-exerted herself in mowing her lawn, and suffered from a painful loss of power in the right deltoid and biceps. It is not likely that any such dangers as these will result from our present system of athletic games; but there is too much reason to fear that their great increase checks mental progress, not only by occupying time and energy, but by dulling the sharpness and clearness of the brain, and lessening the aptitude for concentration and real work. Within the last few years outdoor sports have taken so deep a root, and have come to be considered by many as the most important features of our public school system, that there is now real risk of their being carried to excess. It is perhaps natural that boy hero-worship should run in the direction of his strong and active, rather than his intellectual companion; but when this goes so far as to lead to a double strain—when the natural division of the studious lad from the noted cricketer or foot-ball player is confused by an attempt to excel specially in both, then we find evil effects. There is, it is well known, a certain amount of compulsion exercised in our schools with reference to games, the heads of houses being empowered to order so many a week, and no one is exempt, save by an order from home, or the local medical officer. It may thus happen that a weakly lad, who is studious, and anxious about his work, feels that playing takes too much out of him; he finds his working power fail, perhaps he does not get enough sleep, and in the end he breaks down. A well-marked instance of this series of events came under my observation recently.

I was asked to see a boy of sixteen, who had suddenly been taken ill. I found him in bed, with a flushed face, pulse 120, temperature 103° Fahr., much headache, and confusion of ideas. He was naturally of a studious disposition; and having got into the sixth form at an early age, and being also head of his house, he was obliged to read hard and take a prominent part in football. He had been heard to express his belief that the double strain was too much for him; but though often entreated to relax in either direction, he would never do so. The evening before my visit he had a shivering fit, and passed a restless night, wandering and seeing imaginary objects; in short, his condition at this time somewhat resembled a mild form of delirium tremens. For five days he continued in a somewhat doubtful state: the fever ran high; the intellectual faculties were much obscured, and it seemed probable that more serious cerebral mischief might supervene; and even after all risk of this had gone by, giddiness and inability to concentrate his thoughts, and the very unusual excess of phosphates excreted by the urine, showed the serious weakening of the brain. Although his general health is now fairly re-established, he is still unable to make any approach to a resumption of head work. This is, of course, an extreme case, but one of a class which we must occasionally expect to meet with when both mind and body are strained almost to the limit of endurance.

(To be concluded.)

* Practical Hygiene, p. 344.
† Vide Lectures, chiefly Clinical, p. 351.

ON THE USE OF

NITROUS OXIDE GAS AS AN ANÆSTHETIC IN SURGERY, WITH COXETER'S LIQUID GAS.

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(Continued from p. 480.)

THERE being, then, according to my showing in the former part of this paper, so many reasons in favour of using this gas, the inquiry naturally follows—How is it that, notwithstanding many successful cases of surgical operations under the influence of nitrous oxide in America, and here in England under the care of Messrs. Clover, Braine, Coleman, Rendle, myself, and others, the use of the gas is certainly *not* generally in favour for surgical cases?

Several reasons may be assigned for this, but I shall now deal with one only; and that is, the bulkiness of the gas and the difficulty of conveying it from place to place. When first introduced into this country, those who desired to use it had no alternative but to fit up an elaborate apparatus and gas-reservoir at home, carrying it out in large bags; subsequently Mr. Barth supplied us with compressed gas in heavy iron bottles, holding only fifteen gallons each: with these it was almost impossible to press its use on the

surgeon. In July, 1868, Dr. Evans, of Paris, brought over a single bottle of liquid gas, and I had the pleasure of operating with it at the Dental Hospital of London, Mr. Clover administering the gas; but there the matter ended. Although I have applied to the maker in Paris of this single bottle, I have never been able to get more than an assurance that it would be ready when certain great difficulties were overcome.

The circumstances attending an operation by Mr. T. Carr Jackson, lasting twenty minutes, in which I employed three of Barth's bottles, showed me the need for larger vessels, but I failed to convince anyone of the policy of manufacturing them.

At last, one night at the Medical Society of London, I saw the large bottles of compressed oxygen and hydrogen which were employed by Dr. Thudichum in his illustrations of spectral analysis. In them I saw—at least, for a time—the solution of the difficulty, and happily succeeded in convincing Messrs. Coxeter and Son that if these bottles could be filled in a similar manner with compressed nitrous oxide a great want would be partially met.

They at once set to work energetically in response to my appeal, as mentioned in my letter to THE LANCET of Jan. 2nd, 1869, to supply us with the vessels containing respectively forty-five and ninety gallons of gas, which are now so well known. Still, although a great improvement, this was not yet sufficiently portable to win the support of the surgeon. For the dentist, who was always at home, it mattered little, but to the surgeon and the visiting anæsthetist it was everything. I never dropped the hope that liquid gas might be produced at a moderate cost, and never ceased to persecute Messrs. Coxeter on the subject: but they entered most zealously into my views, and on the 1st of November, 1869, I was requested by them to visit their office with Mr. Clover, to test the liquid gas. Finding it as efficient in its effects as what they had already supplied, they set to work with goodwill, and after months of labour, and at great cost, they have at last succeeded in producing a supply of the liquid gas, from the first hundred gallon vessel of which I administered the gas with uniform success to several patients at the Dental Hospital of London on Monday, Feb. 21st, 1870.

The vessels in which the liquid gas is contained are of the same form and make as the large iron vessels hitherto used by Messrs. Coxeter, only differing in size. They are well depicted in the following engravings (Fig. 1), where

FIG. 1.

they are represented on a scale of two inches to the foot. They are made of wrought iron, and their weight and dimensions are as follows:—

Vessel A, to contain *one hundred gallons* of gas in the liquid state, is 12 inches long, 3¼ inches in diameter, and weighs 9 lb. 1 oz.

Vessel B, to contain *fifty gallons*, is 8½ inches long, 3 inches in diameter, and weighs 5 lb. 11 oz.

Vessel C, to contain *twenty-five gallons*, is 6 inches long, 2 inches in diameter, and weighs 3 lb. 5 oz.

The screw stopcock for controlling the exit of the gas at *b*, is 2 in. long in each vessel.

Hence it will be seen that a good supply of gas, with apparatus complete, can be packed in a small portable case.

To each vessel, when in use, is attached what is commonly known as a Cattlin's bag (as shown in Fig. 2), which, being about a foot in diameter, receives the first force of the liberated gas delivered through a small tube; and then from it the gas is inspired, with Mr. Clover's face-piece and

FIG. 2.

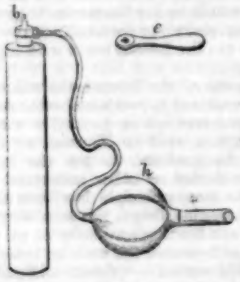
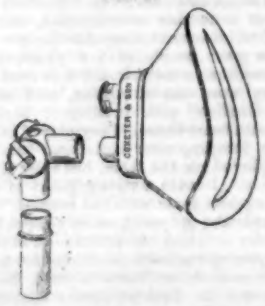


FIG. 3.



two-wayed stopcock (shown in Fig. 3), through a tube 1 in. in diameter.

The extraordinary degree in which the bulk of the gas is diminished by being liquefied will be better understood when I state that one of Mr. Coxeter's present 90-gallon bottles could by this process be made to contain 1000 gallons of gas.

There is one important advantage obtained by the use of this liquid gas, and that is the ability to ascertain to a nicety, after an operation, how much gas is still left in the bottle. The want of this was one of the many obstacles which prevented the gas from being much adopted by surgeons; but in this case each bottle is stamped with its weight when empty, and the difference at any time between the *actual* weight and that stamped on the vessel will give the quantity remaining in the vessel.

This may be readily calculated when we remember that, according to Dr. M'Adams's revised edition of Dr. Wilson's little work on "Inorganic Chemistry," published by Chambers, 100 cubic inches of the gas weighs 47·29 grains; and therefore 30 oz. by weight is equal to 100 gallons by measure, three-tenths of an ounce being equal to one gallon.

As to the quality and anæsthetic powers of this liquid gas, it is so far better than that kept in gasometers, that much less of the liquid gas is needed to produce anæsthesia, and I believe I may say the anæsthesia is more profound. I have long noticed this superiority of the compressed gas over the ordinary gas in gasometers, and I believe liquid gas is even more efficient than the compressed gas.

It has been suggested that there is some danger in the use of such a powerfully compressed gas. On this subject I cannot do better than quote the excellent remarks of Dr. Evans, of Paris, in his communication on liquid gas to the *British Journal of Dental Science*, in July, 1868:—

"Before dentists and surgeons will use the liquefied gas, they must first be assured of its safety. The idea of holding in the hand or carrying in the pocket a bottle within which there is an active bursting force of 750 lb. to the square inch, is certainly scarcely comfortable to a naturally timid man. But a consideration of the facts which bear upon this point will, I think, remove all apprehension, and cause everyone to feel that there can be little, if any, danger when the gas is confined in properly constructed bottles.

"A common glass eau-de-seltz bottle is charged under a pressure of about 100 lb. to the square inch. These bottles are not generally considered as dangerous. They are more likely to burst, however, than bronze bottles of similar form and thickness under ten times that pressure. A fowling-piece, when discharged, is subjected to a bursting force of from 10,000 lb. to 15,000 lb. per square inch, or *twenty* times the bursting force of the liquid gas; these two very familiar facts are sufficient to show that there is relatively little danger to be apprehended from the gas."

I should occupy too much time were I to give any account of the physical properties of this truly wonderful liquid gas; moreover, it would be superfluous for me to do so. It is not a thing of to-day; it has been well known to chemists for years past, and full accounts of it may be found in the text-books on chemistry, but it has never yet been produced in any quantity, nor for any other purpose than for experiment or exhibition, until this moment, when we are indebted to the enterprise of Messrs. Coxeter and Son for a supply which will, I trust, only be limited by the demand.

Having now introduced my readers to this new liquid gas, without which any further attempt to plead the cause of nitrous oxide as a surgical anæsthetic would have been useless, I must postpone the remainder of my remarks on the subject to a future number, as I fear I have already encroached to an unreasonable extent on the pages of THE LANCET.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

OPERATIONS FOR REMOVAL OF EPITHELIAL CANCER OF THE TONGUE.

THE following notes of three recent cases of lingual epithelioma, in all of which the disease was removed in the operating theatre, seem to be of some practical interest, as in each instance a different operation was performed. Although there is still much diversity in the practice of eminent hospital surgeons with regard to the removal of cancerous growths from the tongue, it is evident, from the clinical remarks made on these cases, that two important points in connexion with the operation have been pretty well settled, through the results of extensive experience. In the first place, an immediate and rapid removal of the disease is to be preferred to the application of the ligature, which is a tedious and by no means a safe proceeding. Secondly, the écraseur, even when slowly and cautiously used, cannot be relied upon as a preventive against profuse hæmorrhage. With regard to the administration of an anæsthetic during the removal of the cancer opinions still differ. In Sir Wm. Fergusson's case, although the disease was extensive and the operation painful and severe, chloroform was not given. It is a somewhat singular fact that in three cases operated upon in the course of five weeks, all the patients were females. Mr. Paget states that a large majority of the cases of epithelial cancer occur in males; and that in 105 cases affecting parts common to both sexes, 86 were in men and 19 in women.

KING'S COLLEGE HOSPITAL.

Removal of large Epithelial Growth from the right side of the Tongue.—The patient was a sallow woman, fifty-seven years of age. The growth on the tongue had been noticed for two years. It formed a large nodulated and ulcerating mass, occupying nearly the whole of the right half of the tongue, with the exception of the apex and posterior part. On Saturday, March 18th, the patient was brought into the theatre. She was seated in a chair, not being placed under the influence of chloroform. Sir Wm. Fergusson at once seized the apex of the tongue with broad-bladed and toothed forceps, drew the organ well forwards, and then removed the whole of the disease with one sweep of the knife. Profuse arterial hæmorrhage followed the operation, most of which quickly ceased, one vessel only requiring ligature. Sir William, in some subsequent remarks, stated that the use of the écraseur, in his opinion, caused more pain, and was attended by quite as much hæmorrhage as that of the knife. The sharp and rapid stroke of the latter instrument was to be preferred to the slow process of strangulation produced by the écraseur. With regard to the hæmorrhage attending the operation, he had frequently noticed that this, though very profuse immediately after the use of the knife, soon ceased spontaneously, and that when the surgeon had commenced to take up the bleeding arteries scarcely any would be found requiring the ligature. In the present case, although the bleeding at first seemed very copious, he waited for a short time before attempting any active means to arrest it. The flow of arterial blood in this case rapidly diminished, but one large vessel required the application of the ligature—a proceeding, according to Sir William, by no means so easy in the region of the tongue as one might at first suppose.

GUY'S HOSPITAL.

Removal of Epithelial Growth from Tongue by the Galvanic Cautery.—On Friday, March 11th, Mr. Hilton operated for the removal of a small epithelial cancer, seated on the right side of the tongue, near the apex. The patient was a woman about thirty-four years of age. The tumour was first isolated by passing three needles under its base through the healthy tissue of the tongue. Beneath these pins was fixed a loop of platinum wire in connexion with an écraseur. Junction was next made between the loop of wire and a powerful galvanic battery; and, by screwing the écraseur, the growth was removed from the tongue. Before the operation, Mr. Hilton stated that he preferred this to other methods for removing lingual cancer. The ligature was painful and tedious, caused sloughing, and subjected the patient to the risk of pyæmia. The knife acted efficaciously and rapidly; but its use was occasionally followed by dangerous hæmorrhage. The écraseur gave great pain, was very slow in its action, and frequently caused as much hæmorrhage as the knife. The galvanic cautery acted quickly in removing the growth, was attended with but little hæmorrhage, and occasioned no very great sloughing. It could be applied very readily to the diseased parts. The galvanic cautery used in this case was the instrument invented by Middeldorpf, of Breslau. In THE LANCET of May 1st, 1869, several instances of its use in surgery are reported from the practice of Mr. Bryant, who introduced this instrument into Guy's Hospital.

UNIVERSITY COLLEGE HOSPITAL.

Removal of the Tongue by the Submental Operation.—The patient in this case was a woman of advanced age, who had been admitted into the hospital under the care of Mr. Erichsen. The back part of the tongue was occupied by an ulcerated epithelial growth, the right side of the organ being chiefly involved. On Wednesday, Feb. 16th, the following operation was performed. The patient having been put thoroughly under the influence of chloroform, Regnoli's T-shaped incision was made under the chin, the first cut being made from the lower edge of the jaw, along the mesial line, to the hyoid bone, and the incisions on either side along the inferior margin of the lower maxillary bone. Two flaps, formed of skin and subjacent muscular tissue, having been dissected out, and turned outwards and down-

wards, and the insertions of the hyoid and lingual muscles to the lower jaw divided, the tongue was dragged downwards through the large submental opening thus formed. The chain of an écraseur was then applied around the base of the organ, and slowly tightened by intermittent movements of the screw. After the removal of the tongue there was considerable arterial hæmorrhage, and a ligature had to be applied to the left lingual artery. Mr. Erichsen, after the operation, stated that, with regard to hæmorrhage, the écraseur was a very uncertain instrument, being frequently followed by very little bleeding, but occasionally by a great loss.

The patient had an attack of erysipelas after the operation, but afterwards did remarkably well. On March 16th, one month after the operation, she was in a state of convalescence.

MIDDLESEX HOSPITAL.

(Cases under the care of Dr. MURCHISON.)

Aphasia.—Dr. Murchison has recently had under his care an interesting case of hemiplegia on the right side, associated with very well marked aphasia. The patient was a man aged thirty-five years. The paralysis had lasted for twelve months, with occasional attacks of severe pain in the head. There was extreme rigidity of the flexor muscles of the limbs on the right side of the body, the forearm being bent upon the arm, and the fingers upon the palm of the hand. The leg could be drawn up, but the man had no power of straightening the limb. The flexor muscles of the palsied arm and leg were tense and rigid, whilst the extensor muscles were lax and atrophied. The man's speech was restricted to the expression of simple exclamations, and the words "yes" and "no." Dr. Murchison stated that in cases of aphasia there was little or no loss of memory, and the mental processes generally remained unimpaired. It was very probable that the subjects of this affection thought in words which they were unable to express in any order. That there was no very great impairment of the mental faculties in aphasia would be proved by the fact that patients were able to express clearly their meaning, and a correct understanding of questions by gestures. Dr. Murchison's patient often used the word "yes" in place of "no," but was always able to make himself understood by nodding when the word "yes" was used in the affirmative, and by shaking his head when it was pronounced with a negative meaning.

Fever.—On March 2nd a girl of about fifteen years of age was admitted into the Middlesex Hospital with the following symptoms: Great prostration, headache, and pain in the limbs, increased heat of skin, frequent pulse, and a furred tongue. The patient had been ill for about sixteen days. She had bled from the nose on two occasions, and had had slight vomiting. She also complained of sore-throat. The abdomen was not painful on pressure, nor distended, and there had been no looseness of the bowels since the commencement of the attack. On examination of the surface of the trunk no well-marked fever spots could be detected. In some clinical remarks on this case, Dr. Murchison stated that in most instances of severe and high fever, which lasted, as in this patient, for many days without symptoms of inflammatory lesions of the head or chest, the disease might be put down as typhoid fever. In consequence of the absence of abdominal complications and a well-marked eruption, many would probably be inclined, in a case like that just described, to diagnose typhus, and not typhoid or enteric fever. Dr. Murchison, however, holds that the absence of the cutaneous eruption in typhus fever occurs almost as seldom as it does in small-pox; and that the only fact to justify one in diagnosing a case of severe fever without spots as one of typhus, is the previous exposure of the patient among those presenting well-marked and unmistakable symptoms of this fever. Simple continued fever, on the other hand, as a fatal or severe disorder, has no existence in this country. The affection for which typhoid fever without pain or distension in the abdomen might be most readily mistaken is tubercular meningitis. The diagnosis in the present instance with regard to these two affections was at once determined by the absence of severe cerebral symptoms. Notwithstanding the long continuance of the fever, the girl's intellect was clear and her memory good; there was no photophobia, and she had not suffered from severe and persistent vomiting. Sore-throat was mentioned by the patient among other symptoms—a complaint, Dr. Murchison stated, which was almost invariably made by patients with continued fever. This symptom is not due to a painful and inflamed condition of the tonsils, but merely to uneasiness from a dry state of the mouth and fauces. It was very necessary, however, to make an examination of the throat in all cases of fever of a typhoid character. One may thus guard against the risk of treating as typhoid fever a case of severe diphtheria, an affection in which the constitutional symptoms often closely resemble those of the former malady, and the local lesions, though extensive and severe, are occasionally so little felt by the patient that he fails to direct the physician's attention to the state of his throat.

Provincial Hospital Reports.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

PURPURA HÆMORRHAGICA.

(Under the care of Mr. EAGER.)

THE severity of this case is shown by the fact that blood was passed copiously with urine and fæces, and all the mucous membranes seem to have been affected. The spots on the back bled, so that every one was marked on the shirt. The patient was a sober man, and does not seem to have stinted himself in vegetables; but, on account of scarcity of work, and having a large family, he lived badly. Mr. T. Flower, house-surgeon, has obliged us with the following notes:—

G. D——, aged thirty-two, was admitted on Nov. 18th, 1869. He had generally been a healthy man, but had ague eight years ago in Kent. His father had died of diabetes. He is married, and the father of five healthy children. Three weeks before his admission he felt pains in the back, and great weakness, until spots came out on the body, which commenced to make their appearance five days before admission.

On admission, he is very anæmic and thin; has spots of purpura, of different sizes, and various shades of colour, scattered over the whole body, some as dark as claret, and an inch and a half in diameter. Those over the back of the neck and scapular region are most thickly collected. They bleed slightly. Tongue moist and clean, with a few purpuric spots on it; gums spongy, and bleeding; right tonsil enlarged, with purpuric spots on it and its fellow; appetite fair; bowels costive, but motions biliary, with no blood; urine the colour of porter, with a large quantity of blood-corpuscles (microscopically). No pain or tenderness in hepatic region. Slight cough, but lung and heart sounds normal. Pulse 108, small. Was put on lemons, meat, vegetables, porter, and wine; and perchloride of iron given.

Nov. 22nd.—Feels and looks better. Spots paler in colour. Urine and motions bloody. Gums still bleeding.

26th.—Continues better. Urine and motions free from blood. No fresh spots on body.

30th.—Much improved. No bleeding from gums. Spots nearly disappeared.

Dec. 4th. — All spots now disappeared, and gums not spongy. On the inside of the right leg two large ecchymoses have appeared.

13th.—The last two spots have nearly faded, and he has improved greatly in health.

From this time he continued to improve, and was discharged on Dec. 30th quite well.

HYPERTROPHY OF THE BREAST; EXCISION.—At a late meeting of the Surgical Society of Ireland, Mr. Stapleton exhibited two breasts which he had removed for hypertrophy of those organs. The right breast was removed in July last, and weighed after removal 6½ lb., and the remaining one last month, the latter weighing 13¾ lb. This is, we believe, the first case of excision of the breast for hypertrophy ever performed in Ireland.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 15TH, 1870.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

A REPORT was read on Dr. MOXON'S case of Obliteration of the Coronary Vessels.

Mr. NUNN exhibited a portion of the Lower Segment of the Ileum, which had become obstructed by the formation of adhesions between the opposed surfaces of the peritoneal aspect of the gut. The adhesions were of gradual production by adventitious material, fully organised, and coated with an apparently perfect serous extension of the peritoneum itself. The curve of one of the convolutions, about eight inches from the termination of the ileum at the cæcum, had folded upwards, and had become bound by the adhesions above described to the adjacent mesentery, and to the intestine on either side.

Dr. MORELL MACKENZIE showed three specimens. The first, Primary Necrosis of the Cricoid Cartilage, with secondary abscess, occurring in a lady aged sixty-five. The disease had commenced in the cartilage, and secondarily had affected the perichondrium and submucous tissues. The second, one of Post-œsophageal Abscess, with secondary disease of the cricoid cartilage, occurring in a woman aged thirty-eight. The third, a specimen illustrating that almost unique disease, Fibroid Degeneration of the Cartilages of the Larynx. The patient was a gentleman, aged sixty-one, in whom tracheotomy was performed a year previous to his death, on account of chronic laryngitis. The cartilages were soft, and when cut resembled wax.

Mr. CAMPBELL DE MORGAN exhibited a case of Secondary Fibro-plastic Deposit in the Lung, in connexion with vaginal disease. The patient was admitted under the idea that she had syphilitic tumours about the vulva, but it was found that there was a spreading mass running up the vaginal wall, and involving the bladder. The disease was suspected to be cancerous. At the post-mortem there were in the lung tumours of cancerous aspect, and similar masses in the uterus, together with deposit in striæ in the vaginal walls, but on careful examination they were seen to be different, and found to be fibro-plastic, all of them. Hence the case was one of secondary deposits of fibro-plastic disease.

Dr. PAYNE showed a specimen of clotting of blood in the portal veins, from a patient who came under notice in the out-patients' department, with a peculiarly rapid action of the heart, and dyspnœa. After admission the liver was found to be enlarged, and he was jaundiced and weak. At the post-mortem nothing was detected amiss with the heart save a little opacity about the tricuspid valve, and slight dilatation of the right auricle. There were one or two small patches of pulmonary hæmorrhage; the liver was congested, and its portal trunk was completely obstructed by a clot, in part decolorised, and adherent to the wall of the vessel; and clotting was detected in the mesenteric veins, with extravasation of blood about one portion of the ileum, this being probably of old date, and the origin of the subsequent mischief in the portal vein.

Mr. T. HOLMES exhibited a specimen of Urethra dilated forcibly for Stricture. There is a difference of opinion as to the result of the operation in these cases, and the present instance threw some light upon the matter. The man had suffered a long time from stricture, and had been operated upon by Mr. Holt. He was admitted to St. George's with retention of urine, and was with difficulty relieved; but catheterism caused much distress, rigors, and the like. Mr. Holmes split up the stricture, after Holt's plan. Two days after two small swellings formed at the site of two of the three strictures he had in the urethra, and then pyæmia came on, and he died. At the post-mortem examination, eighteen days after the operation, there was found very little kidney or bladder disease, and in the urethra there was a bad stricture not far from the meatus, and the mucous membrane displayed a laceration. A like condition existed farther on, and an old false passage nearer the bladder. The case showed that in Holt's operation the mucous membrane is torn.

Mr. NUNN expressed his conviction that the use of Holt's instrument has been carried far in excess of necessity; and that the influence of constitutional syphilis on stricture is very much overlooked. Many cases require to be treated by mercurials in addition to instruments.

Mr. SYDNEY JONES suggested that the lesion of the mucous membrane might have been due to the fact that the catheter had been tied in for some time.

Mr. HULKE thought that the occurrence of rupture in the mucous membrane was dependent, in great measure, upon its connexion with indurated or cicatricial tissue in the neighbourhood; if the latter were forcibly dilated the mucous membrane, when adherent to it, must be necessarily torn.

Dr. BRISTOWE exhibited a specimen of Malignant Disease of the Ovary and Peritoneum, taken from a young woman who, till a month before her death, did her household duties actively. After death there was found cancer of the peritoneum, and an ovarian tumour whose parietes were thick and studded with masses of cancer. The uterus was cancerous.

Dr. BRISTOWE also showed a Perforation of the Duodenum, from a man aged sixty-two.

Dr. BRISTOWE exhibited, thirdly, a specimen of Internal Strangulation, removed from the body of a man who was suddenly seized, two days before death, with symptoms of colic and collapse. The strangulation was in the ileum, and was caused by a band crossing the gut.

Dr. GREENHOW exhibited a Malformation of the Tricuspid Valve, taken from a woman admitted for bronchitis and emphysema. In life there was heard a systolic murmur over the tricuspid. The heart weighed ten ounces; the left ventricle was hypertrophied, the mitral valve being narrowed and roughened. The tricuspid valve had four segments: the posterior normal, the left shorter than natural, the anterior normal, and the fourth segment was opposite the short left segment. Crossing in front of the conus arteriosus was a band attached to the ventricular wall, and the valves by chordæ tendineæ, which must have faced the column of blood as it left the ventricle.

Mr. LAWSON TAIT showed a Medullary Cancer of the Femur, affecting the bone high up. The femur fractured twice during life. The patient was the daughter of a medical man, and so much pain was experienced that not a single movement could be made without chloroform being given. On four occasions Mr. Tait performed electrolysis, and, he believed, without any change being produced in the structure; but it relieved the pain.

Mr. LAWSON TAIT also exhibited a photograph representing Obstruction of the common Iliac Vein, connected with psoas abscess that perforated the ileum and pointed as a gluteal abscess.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 11TH.

DR. A. WHYTE BARCLAY IN THE CHAIR.

DR. WILKS brought forward some cases illustrating the remarkable disturbance which often takes place in the heart's action in the course of renal disease, especially when the latter is in the acute form. During the late prevalence of scarlatina, and the oft-accompanying nephritis, Dr. Wilks had met with several cases of the kind, where the patient was seized with a sudden and violent palpitation of the heart, accompanied by the usual distress arising from disturbance of the action of this organ. The same symptoms might be observed in chronic renal disease, but in a less degree. Knowing that acute inflammation of the heart may arise in the course of scarlatina, or nephritis, he had always been on the watch for its occurrence; but in the present class of cases the disturbance of the heart's action subsided after a few days, without leaving any trace of an inflammatory process; only in one case did death occur. He believed, therefore, that the cardiac disturbance was of nervous origin, and was a symptom of blood-poisoning or uræmia. As regarded treatment, Dr. Wilks had seen most of the cases in consultation, and thus different methods had been adopted. In nearly all, stimulants had been administered, in consequence of the fear of momentary arrest of the heart's action. Digitalis had been of no avail. In one case henbane appeared to have a decided effect in checking

the frequency of the beats. His own opinion was, that the disturbance was a symptom of uræmia, and must be treated after the ordinary manner, by diaphoretics, purgatives, &c.

Dr. HERMANN WEBER remarked that six cases of the same kind had occurred in his own practice; four after, and two independent of, scarlatina. There was acute renal affection in all these cases, with scanty and albuminous urine. In one case the action of the heart was intensely rapid, but the sounds were normal, although three weeks previously a mitral bruit had existed. He found the compound jalap powder, elaterium, and dry-cupping useful in such cases; and in one instance wet sheets had proved specially efficacious.

Dr. A. P. STEWART said that, in a practice of forty years' duration, he had met with but one case such as that described by Dr. Wilks, which was complicated by œdema of the lungs and cellular tissue, with considerable anasarca, and proved fatal in three or four days. As to treatment, he presumed that the dry-cupping was used with reference to the lungs, but he had adopted in several cases ordinary cupping with marked benefit.

Dr. WILKS, in reply, remarked that any idea as to the frequency of these cases might have resulted from the fact that they were more likely to be met with in consulting than in general practice; and he subscribed to the observation of Dr. Stewart implying that cardiac disease complicated with renal dropsy was not of common occurrence.

Mr. HOLTHOUSE then read notes of a case of Inguinal Hydrocele, which had been mistaken for strangulated hernia. The symptoms which led to this belief were a tympanitic and painful abdomen, vomiting, and general prostration; then the situation and form of the tumour, and a truss which the patient was wearing, seemed to confirm it; but the fact that he was suffering from diarrhœa and bad living was overlooked. The case was one of arrested descent of the testis, this organ being lodged in the inguinal canal, whilst its sac—the vaginal process of peritoneum—extended to the groin and upper part of the scrotum. Into this sac, which was closed above, fluid had become effused, forming a tumour which was situated between the skin and the aponeurosis of the external oblique, and resembling in shape and direction a large bubonocele. Mr. Holthouse referred to a tumour of a similar character which was brought before the notice of the Pathological Society by Mr. Curling in 1858, and which is published in their Transactions, as well as to a recent case of acute hydrocele of the groin, recorded by Mr. Hulke in THE LANCET of Feb. 12th. The physical characters of these tumours are sufficient to distinguish them from hernial protrusions, which they resemble.

Mr. BARWELL was forcibly reminded of a case of supposed inguinal hernia, which occurred in the practice of the Westminster Hospital, in which serum only was found about a partly obliterated cord between the walls of the abdomen and the tunica vaginalis; also of another case of a hard tumour in the groin, in which fluctuation was detected; a small trocar was introduced, some fluid exuded, and the patient eventually did well. He mentioned these instances to indicate that much caution should be used in diagnosis.

Mr. JOHN CROFT remarked that in cases of this kind, at St. Thomas's, they had been, as to operations, more fortunate; but that, as examples of obscure diagnosis, they were constantly occurring.

Mr. G. W. CALLENDER read notes of cases of Amputation in which Ligatures had been used, and remarked that when torsion for the arrest of bleeding from arteries was under discussion, he mentioned that secondary hæmorrhage, after the use of the ligature, was an extremely rare accident at St. Bartholomew's; that the attention of the profession had been from time to time directed to the favourable results which follow the use of acupressure or of torsion, and it had been argued (1) that the risk of secondary hæmorrhage is less than when ligatures are employed, and (2) that patients recover better, more surely, and more quickly than when ligature threads are left in the wounds; that the treatment by torsion and acupressure had hitherto been tested chiefly in hospitals, and their results might therefore be fairly contrasted with those that follow the use of the ligature in amputations at St. Bartholomew's. The author then brought forward the results of 358 amputations, with reference to secondary hæmorrhage. Of this number 74 died; and of these latter, 5 died from secondary bleeding, and a sixth case was described as dying from purpura. These cases extended over a period of eleven years. Of 108 cases of amputation under the care of Mr. Paget and the author, there were but two cases of secondary bleeding, one of which ended fatally; so that the total numbers quoted show 480 operations, with 6 deaths from secondary hæmorrage, or 1·2 per cent. The personal experience of Mr. Paget and the author is to the effect, that secondary bleeding has occurred in but two instances, in one of which it was predicted, on account of excessive tightening of the ligatures, and in the second case the patient recovered after ligature of the common femoral artery. With reference to the recovery of the patients, Mr. Callender quoted 46 cases of amputation that had occurred at St. Bartholomew's during the past year, including 21 thigh and 20 leg amputations. In all these, with one exception, the main arteries were ligatured, and 7 died. In conclusion, Mr. Callender remarked that these results will compare favourably with any return of amputations in which acupressure or torsion had been employed; that he considered himself justified in stating that secondary bleeding is a comparatively rare occurrence after tying main arteries; and that some discredit has unfairly fallen upon the ligature from the excessively tight way in which, from over-familiarity, it is occasionally applied, so as nearly to cut through the vessel; as much care being required in tying an artery as in twisting or acupressing it.

After some remarks from the PRESIDENT and Mr. BARWELL, the members of the Society, who had been intensely somniferous and apathetic during the evening, adjourned.

Reviews and Notices of Books.

Reports on the Progress of Practical and Scientific Medicine in different parts of the World, from June 1868 *to June* 1869. Edited by HORACE DOBELL, M.D., assisted by numerous and distinguished coadjutors. 4to, pp. 646. London: Longmans. 1870. —Nothing can be more useful to the practitioner in the present day than compendiums of current advances in medical knowledge, so vast and scattered are the labours and writings of the scientific workers of our time. Consequently, all attempts to represent in a summary form the "knowledge of the day" have received our hearty approval. Dr. Dobell, in projecting the serial work before us, has aimed at bringing together, in the English language, original and independent reports from all parts of the world of new researches, in connexion especially with practical medicine; and the idea is an excellent one, though very difficult to carry into effect. We may say at once that the work bears evidence of having been prepared in a somewhat hasty and incomplete manner; but it is offered as a fragmentary hostage, and the gaps that have unavoidably occurred in the representation of certain countries, we are told, will be remedied next year. With these qualifications, the work is an interesting one. A few references will show this. The Report from Denmark and Sweden is from the pen of a well-known observer, Dr. Vald. Rasmussen, of Copenhagen; and in it reference is made to original researches on tuberculosis; to the pathology of fatal hæmoptysis in its anatomical and clinical aspects, in regard to which the bursting of small aneurisms of the pulmonary artery as the cause is the chief doctrine laid down; to the recent use of baths of compressed air; to the researches of Professor Axel Key, of Stockholm, on the relation of the white blood-cells to inflammation of the lungs, showing that in pneumonia one of the chief results is the escape of white blood-cells in the alveoli. The Report from France is given by Professor Villemin, of Val-de-Grâce, who sums up the most recent French researches in anatomy, physiology, and general (internal and external) pathology. Further, Professor Villemin sketches the recent advances made in surgical, ophthalmological, toxico-

logical, and other branches of medical science. Then follows an epitome of recent German publications and investigations from the pen of Dr. Althaus; also a Report from Iceland by Dr. Hjaltelin, its chief physician, in which climatology, the epidemic constitution for the year ending Sept. 1869, and the cause and prevention of echinococcus are severally discussed. Information relative to India is almost wanting; but there is a good deal that is interesting concerning New Zealand, Portugal, Paraguay, and other places. The volume closes with some 280 pages of matter, compiled from materials furnished by various writers, representing the progress of medicine in Great Britain, under the different sections of Anatomy, Medicine, Chemistry, Hygiene, &c.

The Climate and Resources of Madeira, as regarding chiefly the Necessities of Consumption and the Welfare of Invalids. By MICHAEL C. GRABHAM, M.D., F.R.G.S. London: Churchill. 1870.—Facilitated communication with Europe and America has brought to Madeira an increased number of sufferers from phthisical ailments; while the benefits derived from a sojourn under its sky have in many cases been so marked that its popularity is still in the ascendant. It is well, however, that the precise nature of its climate, and of the diatheses for which it is suited, should be set forth scientifically, and yet intelligibly; for there is no doubt that, in the absence of this knowledge, many visitors to the island have encountered much disappointment, and even detriment to health. Dr. Grabham's *libellus* undertakes this task, and in the main fulfils it satisfactorily. It forms, indeed, a complete handbook to Madeira, and instructs the visitor how to spend his time, not only beneficially as regards his health, but agreeably as regards his tastes. The volume is particularly explicit as to the stage of consumption when the climate of the island will prove of most benefit; while the hints as to therapeutics and dietetics which it incidentally drops impress us favourably with the author's professional accomplishments.

Artistic Cookery. A Practical System, suited for the Use of the Nobility and Gentry, and for Public Entertainments. With 80 engraved Plates. By URBAIN DUBOIS, Chef de Cuisine of their Majesties the King and Queen of Prussia, &c. London: Longmans. 1870. — This is an ambitious work, beautifully illustrated, and altogether got up in the most expensive way. It contains all the information that could be required to make a feast worthy of princes and princesses, or to satisfy the tastes of the most fastidious. The science of good living and the research after delicate viands were the privileges of the few; nowadays, as our author says, epicures may be counted by legions. They will, doubtless, hail this volume as the first instalment of an exhaustive system of cookery, at once practical, scientific, and artistic.

Remarks on Army Surgeons and their Works. By CHARLES ALEXANDER GORDON, M.D., C.B., &c., Deputy General of Hospitals. London: H. K. Lewis. 1870.—Dr. Gordon has set himself the task of describing the work done by army surgeons in medical, surgical, and sanitary matters; and, in addition to this, he has brought together a large amount of information and a number of curious facts and anecdotes bearing upon military medical subjects. A perusal of the works of members of the Army Medical Department convinced him that to those officers the soldier, his wife and children, are indebted for almost every improvement that has taken place in their condition, more especially from 1740 to the present date, or, in other words, during the last 130 years. Dr. Gordon goes on to add that while very many of the suggestions submitted by them have yet to be carried out, others have been adopted, but with this result, that the names of their original proposers are not only unrecorded in connexion with them, but the sole credit is claimed by amateurs and so-called "sanitary reformers."

On the Elimination of Nitrogen in Febrile Diseases. By Dr. ERNST UNRUH (of Königsberg). Virchow's *Archiv*, bd. xlviii., p. 227. 1869.—Dr. Unruh arrives at the following conclusions from a long series of investigations made for the purpose of determining the excretion of nitrogen in febrile diseases:—1. In fever, the total excretion of nitrogen is augmented, and upon the average is 1·5 times more than in health. 2. The increase in the excretion of nitrogen is not proportional to the exaltation of temperature. 3. In the crisis of the attack the elimination of nitrogenous substances increases; but at the same time, in very high fever, there is a retention of the excretion. In other words, oxidation processes are imperfectly performed, as was supposed by Leyden, who has almost demonstrated it so far as the excretion of water is concerned. 4. In many instances the augmentation of temperature is primary, and produces an increase in the discharge of nitrogen as a secondary result. 5. The heat produced by the increased oxidation of nitrogenous substances is insufficient to explain the excessive temperature so frequently present in fever. 6. Fever, *per se*, causes no increase in the amount of uric acid, but this readily occurs as a consequence of respiratory insufficiency (Bartels and Senator). 7. Sulphate of quinine is an antiseptic, but cannot be absolutely relied upon.

Clinical Inquiries into the Influence of the Nervous System and of Diathetic Tissue-changes on the Production and Treatment of Dropsies. By THOMAS LAYCOCK, M.D., Professor of the Practice of Medicine and of Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh. Oliver and Boyd.—This pamphlet forms the subject of a paper read before the Royal Medico-Chirurgical Society, but not included in the Transactions of 1865. We direct attention to it at the present time on account of the bearing of Professor Laycock's inquiries on the experimental researches "On the Production of Œdema," which formed the subject of a leader in our number of the 12th ult.

Case of Ovariotomy. By GEORGE BUCHANAN, A.M., M.D., Surgeon and Lecturer on Clinical Surgery to the Glasgow Royal Infirmary, and Professor of Anatomy at the Andersonian University.—This is a reprint from the *Glasgow Medical Journal*. It is a record, accurate and concise, of a successful case of ovariotomy, being interesting in the light of elucidating the conditions favourable to operation, and the most successful kind of after-treatment. The clamp was removed on the eighth day; the bowels were kept from acting until this had been done and the wound had united. The urine was removed by catheter until the tenth day, when it was passed naturally, and a dose of castor oil was given. Rest to the bowels and abdominal walls was secured by administering food only in the smallest quantities and most concentrated form. Dr. Buchanan says:—"Judging from the benefit I have seen from withholding all food but a little bit of ice for the first twenty-four hours, and giving only a teaspoonful of concentrated beef-tea every two hours for the next day or two, I have adopted the same treatment in the case of other major operations, to the great comfort of the patient, especially in operations about the face, neck, chest, or abdomen, which are apt to be disturbed by the vomiting, which is so often caused by food taken a short time after the administration of chloroform." In two cases previously operated upon by Dr. Buchanan the patients recovered, and have borne children.

M. VERNEUIL has lately treated two cases of lockjaw with chloral with satisfactory results.

THE LANCET.

LONDON: SATURDAY, APRIL 9, 1870.

THE subject of Medical Reform has been incidentally discussed within the last few days by two gentlemen whose views are entitled to consideration.

Dr. PAGET, the president of the General Medical Council, seems dissatisfied with the representations of Sir JOHN GRAY, in Parliament, as to the nature of the examinations for medical and surgical licences. He writes to *The Times* vindicating the Medical Council and its endeavours to improve the examination tests, and avers that thirteen of the nineteen licensing bodies constantly apply this test. Dr. PAGET's statement may be accepted as correct; but it really does not materially affect the question. He very conveniently manages to leave the gravamen of Sir JOHN GRAY's statement unnoticed. Dr. PAGET allows that there are yet six of the licensing bodies not subjecting their candidates to any clinical test. And when it is considered that one of these six delinquent bodies is the Royal College of Surgeons of England, which licenses the great majority of the surgeons of England, it will be conceded that there was considerable force in Sir JOHN GRAY's complaint. But Sir JOHN GRAY's most serious argument remains unassailed. It was this: whatever the examinations, whether clinical or otherwise, to which the licensing bodies subject candidates, they are of such a nature as to allow the most incompetent men to pass—men that are arrested by the Army and Navy Boards, but who proceed to practise on her Majesty's subjects. These men are more than incompetent. Some of them are monstrously and dangerously ignorant: 165 men passed by the licensing boards in five years have been arrested by the special boards. And these represent a far larger number of men, who are quite as ignorant, and, indeed, decidedly more so, than the 165; for these, as Dr. PARKES truly said, are not the worst entrants of the profession. There is a lower group, who are afraid to face the special boards, but who, by reason of the looseness of the way in which the licensing bodies conduct their examinations, enter upon medical practice, to the injury of the public, and to the great disrepute of the profession itself. This was really the serious part of Sir JOHN GRAY's speech. And what does Dr. PAGET say to it? Nothing at all. He lets judgment go by default. Dr. PAGET is not thoughtless on this subject. He very clearly, in his remarks in the recent meeting of the Medical Council, indicated what a vital bearing the standard of the minimum examinations has on the interests of the public, how it bore on the duration of sickness and the occurrence of death in the community. He represented at the time of his election to the chair of the Council an ancient University, where thoroughness of knowledge is more prized than it seems to be by the medical corporations. But, for all this, his letter to *The Times* contains no satisfactory answer to Sir JOHN GRAY's charges.

Dr. PAGET has great faith in a consolidation of the medical examining bodies, which he says is, on all hands, agreed to be necessary. He speaks of the results of such a measure as if they were already matter of history: "Its beneficial results can scarcely be overrated." This is remarkable language to hold concerning that which is yet future. He does not enter into any details, nor does he explain upon what grounds he expects from a combination of the medical examining boards results different from those which have been gained from the individual corporations. He speaks of a scheme that will leave them, perhaps, still competitive; at any rate still miserably dependent upon the sale of their licences, as heretofore, for their existence. And yet he says "its beneficial results can scarcely be overrated." We fail to understand this. And the only construction we can put upon Dr. PAGET's words is, that he is deeply dissatisfied with the existing system of examinations, and that any change of it must be for the better.

The other gentleman who has made a contribution to the discussion of this subject is Mr. SAMPSON GAMGEE, whose pamphlet on Medical Reform will well repay a reading by all who are interested in this matter. Mr. GAMGEE, it may be said, without disparagement of others, has been the *primum movens* of the memorial which has been signed by nearly ten thousand practitioners. In this memorial, and in his interview with the Home Secretary, as well as in this pamphlet, Mr. GAMGEE shows the same clear vision of the matter in hand. He avoids details, indeed, like a wary statesman; but he does not shirk the statement of principles out of which details should arise. He would give a willing ear to the claims of any corporation that can show good work done in the past. But he clearly lays down that, far from the corporations having a prescriptive right to immunity from change, the onus lies on them to show why they should be continued at all, if such continuance involves a tax upon the profession and the public, without commensurate return to either. We go further than Mr. GAMGEE. We argue that, in the very nature of things, it must be an evil to give corporations a pecuniary interest in being low and lenient in their examinations; that it should be for them to elevate the tone of professional knowledge, not to be always under temptation to minimise the minimum standard so as to pass the largest number, until the scandal of unfit men fills the newspapers and shocks Parliament. Having regard to these principles, we should take advantage of the present occasion for the purpose of relieving the corporations of their licensing duties, as no longer befitting their dignity nor consistent with the interests of the public.

Mr. GAMGEE seems to fear that we may have some hasty legislation on this subject, and thinks that further inquiry and discussion are desirable. He suggests that a meeting of the profession in London might further this discussion. He indicates that the executive of the Medical Reform Union would be happy to make the necessary arrangements, and to resign its functions into the hands of a larger and more representative committee, which could then and there be elected, and empowered to confer with Government, the Medical Council, and the corporations on behalf of the pro-

fession. The suggestion is an excellent one, and not in excess of the demands of the occasion. But if any such meeting is to be held, it must be held soon. We cannot always have a Government so ready to deal with this question as the present one. And we must try to settle it this session. The executive should confer with the leading practitioners in the metropolis and the country who signed the memorial, and endeavour to arrange a meeting. Mr. GAMGEE must have been put to enormous labour and trouble in this cause; and if there is any earnestness in the profession to have itself represented in its corporations and in the General Medical Council, and to control the appointment of examiners of those who seek admission into its ranks, it will support one who has spared no personal effort to make the best of a great crisis in medical history.

THE various reports that reach us from the College at Epsom, although they agree in exhibiting a condition of things that requires amendment, are irreconcileably at variance in almost every other particular. The facts, if indeed any facts are known, seem to be interpreted by some persons under the belief that the Head Master is, both in theory and in fact, the paramount ruler of the College; and by others under the belief that he is persistently sat upon and thwarted by the Council. It is especially alleged that the latter body has constantly prevented the introduction of the monitorial system—the best, if not the only, means of maintaining the internal discipline of a large school;—and that in other respects the opinions of the Master have been set at nought, and his experience disregarded. On the other hand, it is alleged that the Head Master is charged with the duty of making reports; and that in these reports he does not complain. In such an unhappy state of things it is easy for impartial observers to see that the machinery of the College must be sadly out of gear. It may be true that the Master does not complain; and it may also be true that he has good and self-respecting reasons for his silence. Whatever the truth, it is of little consequence to the profession and to the public, although of much, perhaps, to those immediately concerned. The grave element in the case is the fact that "someone has blundered," and that JOHN PROPERT's great gift to his brethren and his country is being hindered from doing its allotted work. Similar occurrences have happened in other schools before now; and there is no reason to believe that the present condition of Epsom College will be more than a passing cloud upon the prosperity of the institution. But a period that is short in the history of the College will be long in the lives of the exhibitioners; and on account of the boys now in the school, and relying upon it for one of their chief sources of strength in the battle of life, we would urge that an earnest endeavour should at once be made to trace out and to remove all discoverable abuses. A small Commission, composed of three members: one nominated by the Council, one by the Head Master, and one by the two nominees—all being strangers to the school,—would probably be able to arrive very speedily at some definite conclusion. It would be a graceful act on the part of the authorities to submit themselves and the College to a satisfactory inquiry; and to publish the report, whatever it might be. By such an act they would at once be relieved from any possible imputation of sacrificing the welfare of the school to their own *amour propre*—a quality that may safely be said to underlie a very large amount of corporate mismanagement, and that may be suspected of not being altogether unknown in the Epsom Council-room. If the Head Master is really in paramount authority, and if he cannot control the disorders that have arisen, it is tolerably plain that he must be wanting in some of the powers required for the proper discharge of the duties of his office. If, on the other hand, he is overtasked by work which is the proper duty of subordinates, is controlled and obstructed by the Council, and only fails to complain because he cannot stoop to complain unavailingly, it is high time that he should be released from a yoke that must disable him from applying the remedies that are required. We give no opinion on the case; but we declare it to be one that calls for an immediate, a searching, and an impartial inquiry.

THE question of the origin of the white corpuscles of the blood is one to which it is by no means easy to give a satisfactory reply. That they are found in large number in the lymphatic glands as well as in the so-called ductless glands represented by the spleen and thyroid glands, is undeniable; that they are taken up by the blood as it circulates through these glands, is rendered almost certain, not only from a consideration of the anatomical structure which has been so beautifully elucidated by the researches of GOODSIR, FREY, HIS, TEICHMANN, and a host of others, but from the results of comparative microscopical research applied to the afferent and efferent blood respectively. It even seems probable that the connective tissue of the whole body is to a certain extent subservient to the production of these corpuscles—if, indeed, it be true that the fluid of the lymphatics contains corpuscles before it has traversed any lymphatic gland whatsoever. It has long been admitted that the liver is a centre for their formation; and more recently the same function has been claimed for the muscles. Still no attempt has been made to determine whether they proceed from pre-existing organisms of a similar nature, or whether they are generated *de novo* in the lymph. A communication, however, has lately been made by Dr. KLEIN to VIRCHOW'S *Archiv*, which goes far to show that they result from the fission of pre-existing corpuscles. On this Dr. KLEIN remarks that, in the blood of the water-newt or triton, three forms of white corpuscles can be distinguished, though not well defined from each other. The first of these are the well-known granular or granulation cells; the second are large, pale, very finely granular corpuscles; and the third are characterised by their very small size. He has observed three modes of division to occur. In the first, which is frequently visible in the granular cells, the cells assume an hour-glass form, performing at the same time very active movements; and the two halves either separate entirely, or again fuse into one. In the newly formed cells a nucleus was sometimes perceptible. In the second mode the white corpuscle forms a thin transparent disc, from the periphery of which a projection is given off, which contains a distinct nucleus; the projection

enlarges, and becomes gradually detached, whilst the disc again assumes its original globular form, and creeps away. The third mode resembles that already described by Professor STRICKER in the case of the migrating corpuscles of the tongue or cornea of the frog, and consists simply in the pinching off of a minute particle of the protoplasm, which then takes on separate growth, and becomes a new corpuscle. Dr. KLEIN states that, in the corpuscles of the blood of the triton at least, division may occur more than once in the same cell, whilst the process may be accomplished in either of the preceding modes. He has noticed similar phenomena in the blood of the frog. In man, however, even at a temperature of 100° F., division by the pinching-off process is rare. We need scarcely remark how important these observations are in reference to the rapid multiplication of cells in abscesses, and in various pathological formations; and how they supply a deficiency in our knowledge of these subjects, which has long been felt.

THE trial of MR. ROBERTS and MR. GRIFFITH for the manslaughter of ELLEN JONES, at Cwmyglo, took place on the 29th ultimo, at the Carnarvon Assizes, before Mr. Baron CHANNELL. It appeared from the evidence that Mr. GRIFFITH, a young man nineteen years of age, is the apprentice of Mr. ROBERTS, who, at 4 A.M. on the 10th of February, was summoned to attend the deceased woman in labour. Mr. ROBERTS had been sent for the day previous, but had been unable to go; and another practitioner had then been sent for, who also was unable to attend. On the morning in question Mr. ROBERTS was in bed, having taken sudorific medicine, and was not in a condition to leave home. He sent his apprentice to the case, with orders to come back and report to him if there was any difficulty. Mr. GRIFFITH (who had previously attended several natural labours) went; and, as he did not return, Mr. ROBERTS went himself about 10 o'clock in the morning. He found the woman much exhausted, with a transverse presentation, and he turned and delivered her of a dead child. She never rallied, and died in about twenty minutes. From subsequent disclosures, it appeared that Mr. GRIFFITH, without his master's knowledge, had gone to the house armed with midwifery forceps; that he had for a long time persisted in endeavouring to use them; that he had removed the whole of the lower circle of the cervix uteri, and some eighteen or twenty inches of the large intestine; and that he had almost entirely separated the uterus from the vagina. Mr. ROBERTS was not even aware that he had employed instruments. There can be little doubt that the cervix uteri was expanded over the head, with little dilatation of the os; and that Mr. GRIFFITH had applied the forceps over uterus and head together, probably at last changing the presentation by his efforts.

Against Mr. ROBERTS it is manifest that there was not a shadow of a case, and the judge at once so decided. In fact, he should never have been put upon his trial, as he seems to have acted with perfect propriety throughout. It is perhaps strange that he did not discover the injuries when making an examination preparatory to turning, and especially strange that he did not detect the separation of the vagina from the neck of the womb. But he had no reason to suspect that any violence had been used, and seems to have thought that the collapse of the patient was due to exhaustion from the lingering labour which he skilfully and promptly terminated. It is unbearable that a medical man should be harassed by a criminal prosecution under such circumstances as these. We may also mention it as a remarkable fact that the Grand Jury found a true bill against Mr. ROBERTS without calling the medical witnesses for the prosecution. Had they heard these gentlemen, the bill must of necessity have been ignored.

In the case of Mr. GRIFFITH, the summing up of the judge was decidedly in favour of the prisoner; although we may add that Mr. Baron CHANNELL seems hardly to have grasped the real question at issue. He led the jury to believe that the injuries resulted only from the forceps having been used at too early a period, and rather put it as a question whether they were used unskilfully or used too soon. The jury decided that the prisoner was not guilty of any negligence, but that he had made a mistake in what he did. Consequently a verdict of acquittal was recorded.

We should be sorry to add to the self-reproach that Mr. GRIFFITH must doubtless feel, but we can hardly consider his escape a matter for congratulation, or that the verdict is entirely satisfactory. That a youth of nineteen, who must at least have known that he had never learned how to apply forceps, should attempt to use them without assistance, is in itself, morally speaking, an offence of the gravest kind; and we really do not see what excuse can be urged for the offender. The interests of the public imperatively require that unqualified practice should be restrained with a strong hand, even when the unqualified person is a medical student; and we should be glad if the application of dangerous instruments to the living human body was in itself punishable, if undertaken by any but a licensed practitioner.

CAMBRIDGE has just succeeded in averting a decade of defeats. For the first time these ten years, the hopes of her friends coincided with the expectation of the public, as she came in at the flag-boat the winner by rather more than a length. Her success will be hailed with satisfaction by all lovers of the classic contest of the oar, and not least by her rivals of OXFORD, to whom the "weight of too much victory" was doubtless becoming oppressive. The impulse which the result must give to the oarsmen of either University will be redoubled—CAMBRIDGE striving to keep, and OXFORD to regain, her superiority. We hope the renewed pressure put upon the energies of the rival schools will not exceed judicious limits; as it is only too obvious to the medical mind that, careful and systematic though it be, the preparatory discipline is often hurtful in itself, and the strain of the final ordeal productive of permanent injury. We are far from representing either condition as necessarily injurious; but youth is proverbially incautious, particularly under the stimulus of rivalry; and instances, numerous enough to be significant, have come under medical observation, of constitutions prematurely impaired and the seeds of future maladies sown by the artificial regimen through which the aspiring oarsman

has to pass. The abrupt transition from the easy-going life of a University student to the stern discipline of the athlete,—the regulation of diet, not according to the prescriptions of physiology, but according to the temporary claims of "muscle" and "wind,"—the inevitable strain with which the "spurts" of the despotic "stroke" are answered by the rest of the crew, till the voluntary muscles overdraw upon the force reserved for the non-voluntary ones, and the measured pulsation of the heart becomes a fitful flutter at the close,—the widening of the right chambers of that organ, and the first beginnings made of aneurismal weakness,—the sudden relapse from the preparatory regimen to the old unconstrained habit,—all these are conditions which a very strong man, with youth on his side, may undergo without immediate or apparent harm, but which even in his case cannot but have told prejudicially on the vital centres from which he is to recruit himself for fresh battles in the campaign of life. It is beyond our province to dwell on the unequal distribution of the young oarsman's time between the discipline of the body and that of the intellect. Indeed, we are not unwilling to admit that the revulsion from animal to mental work will tell in favour of the latter; that the future physician, lawyer, or diplomatist will be none the worse for having learned, even physically, to "catch the beginning," or that the future bishop will not, in a moral sense, betray any "mitral insufficiency." But what the young academic athlete ought to aim at, is that judicious balance between the physical and the mental culture which the old Greeks, whose life and literature he makes a special study, knew so well how to strike—the blending of the palæstra of the body with that of the mind which formed the perfect man, the καλοκἀγαθὸς of SOCRATES. So pursued, inter-university athletics will have a more than merely animal interest. They will receive the encouragement due to every kind of exercise which tends to bring the complex human organism nearer the divine image in which it was made.

Medical Annotations.

"Ne quid nimis."

MEDICAL EDUCATION.

THE papers on Medical Education, by Dr. Frederick Headland, which have recently appeared in our columns, may be conveniently considered in conjunction with a report of the Court of Examiners of the Royal College of Surgeons of England on the same subject. Both Dr. Headland and the report referred to, urge the study of natural science during the school-boy period, in order that the mind of the student may be prepared to embrace, with the greatest facility, those more advanced sciences which he will afterwards be called upon to study. In the second stage of medical education, both the authorities we are quoting regret the practical abandonment of the apprenticeship system in a restricted form; and the College Board especially refers to the increasing non-familiarity with minor details of medicine and surgery, attributable to this cause, which its members notice in the students passing before them for examination. A year spent with a country practitioner would doubtless fit a youth to take advantage of his after-opportunities for gaining knowledge better than any other teaching, and we cannot but think that our medical legislators have gone beyond the mark in insisting upon such a complete mastery of theoretical detail *before* any of the practical work of the profession is undertaken. In this matter the University of London has been a principal leader; and, excellent as the examinations of that body are, we are not sorry to find so distinguished a graduate as Dr. Headland apparently coinciding in the view that medical education of the present day is suited rather for the production of "physicians" than of so-called "general practitioners," of whom the bulk of the profession is necessarily composed.

We could have wished that Dr. Headland had brought his views under the notice of the Medical Teachers' Association when that body was engaged in the discussion and improvement of the medical curriculum. As it is, however, we believe that his views will meet with a hearty response in many quarters, and that benefit to the future of the profession will result from their consideration.

THE OPENING OF THE NEW BUILDING OF THE UNIVERSITY OF LONDON.

THE graduates of the University of London who wish to be present on the occasion of the opening by Her Majesty of the new building in Burlington-gardens, will do well to notice, in order to prevent disappointment hereafter, that admission will not be given them unless two conditions are complied with: first, that they be members of Convocation; and, secondly, that they be in full academical costume. Those who are of Convocation standing, but not actual members of Convocation, should make application to the Senate for admission to the roll of Convocation, and that at once, as the Senate will meet in the course of a few days, and there will be no other opportunity afforded them of obtaining the privilege they may desire. The programme to be followed on the 11th of May will be found in another part of the journal.

"BROKEN RIBS."

ANOTHER inquest has been held at the Hanwell Asylum respecting the death of a patient, who was found to have four fractured ribs, and some bruises on his body. He was admitted into the Asylum in February last, suffering from debility and paralysis. There were no marks of injury on his body at that time. On Monday, March 28th, the medical officer was informed that he was in a severe fit, and found him lying on a mattress in the padded room, strongly convulsed in the left side. Next day the convulsions had ceased, but on examination of the patient's chest some ribs on the left side were found to be broken. Then, for the first time, the attendants state, in answer to a leading question, that he had in the fit fallen heavily against a chair. After death, fractures of the fifth, sixth, seventh, and eighth ribs, on the left side, were discovered. The evidence of Dr. Hawkes, the medical officer who attended the patient, and made the post-mortem examination, was that the deceased died from the fit, and that the fractured ribs had not accelerated death. Whether they had hastened death or not, there seems no reason to doubt that the fit would have proved fatal in any case. It appeared, indeed, from the evidence of the night attendant, that the patient had had a fit in the night, but it had not been thought necessary to call the doctor. "We never do in slight fits" was his remark. It may, perhaps, not be necessary to call the medical officer to see every patient who has a fit in a large place like Hanwell Asylum, but we are strongly of opinion that a feeble and paralytic patient, who was evi-

dently suffering from advanced brain disease, and whom it had been thought necessary to put on a mattress in the padded room, should not, after the fit in the night, have been got out of bed in the morning until he had been seen by the medical officer. Surely some kind of special attention should be given to feeble patients in the advanced stage of disease in which this patient was. Furthermore, it will appear to most persons outside asylums that a fall like that which the patient is said to have had ought at once to have been reported in the proper quarter by the attendants. For an asylum, as for an individual, it is a bad thing to be constantly under the necessity of finding sufficient reasons for misfortunes; and the public will not fail to conclude that the asylum which is good at excuses is certainly not good in its management.

THE MEDICAL OFFICERS OF BIRMINGHAM.

WE are glad to see that the attention of Parliament has been drawn to the medical appointments in Birmingham, by the production of the correspondence of the guardians and the Poor-law Board. Mr. Goschen seems to have forgotten that the medical officers were deprived of their lucrative appointments as public vaccinators when their salaries were raised and work increased. It was extremely satisfactory to hear Mr. Goschen state his opinion that medical officers ought to be permanently appointed, and that it was under consideration whether this should not be required in all cases. Give to all parties the power of appealing to the Poor-law Board, and to the latter the power of administering justice between them in disputes, and we cannot see the least objection, even when it is necessary that changes should be made. We hope that Mr. Goschen will proceed to put his views into practice; for it is impossible, in many cases, for medical officers to do justice to their sick patients whilst they have the fear of dismissal constantly before their eyes.

THE SMALL-POX RIOT.

OUR readers have, no doubt, read an account of the small-pox riot in Berkshire. It appears that a case of this disease had been imported from High Wycombe into Maidenhead, and that other cases subsequently occurred. The borough authorities took steps for the removal of the patients from the town, and for that purpose they hired a house, as a temporary hospital, at White Waltham. This house is said to be situated in a populous part of the village, with a day-school containing eighty or ninety scholars, and other houses inhabited by married people and their families, in the immediate neighbourhood. No sooner had the intentions of the local authorities of Maidenhead become known, than the Walthamites naturally took alarm, and indignantly protested against their being carried into effect. Protests, however, seemed to be unavailing; and as the people of Waltham were bent upon resisting the invasion of so dire a malady at any cost, some of their number proceeded to gut the house, so as to make it uninhabitable for patients. In so doing, they of course rendered themselves amenable to the law as rioters, and were prosecuted accordingly. The conduct of the town clerk of Maidenhead, and of those who concurred with him in his proceedings, appears to us to be open to grave objection. Self-preservation is the first law of Nature, and the small-pox patients were to be got rid of somehow. In their anxiety to protect themselves and the borough against small-pox, they did not hesitate to invade a neighbouring village, and to expose a number of children and villagers to the risk of contracting a highly contagious and frightful malady. The advice of the medical attendant on the cases was, no doubt, very good—viz., to endeavour to stamp out the disease by the isolation of the sick and infected family; but it was clearly the duty of those who had to provide for this being done, to select a suitable position in their own neighbourhood for a temporary hospital. If the War Office authorities had acted in this bungling way, we should have had no end of indignant exposures of official mismanagement, and Mr. Cardwell would have had to reply as best he could to the strictures which would certainly have been passed upon his subordinates. Sanitary administration in our towns and villages—if the course of action adopted by those in authority at Maidenhead is to be taken as a type of it—is calculated to spread instead of limit the prevalence of contagious diseases.

WATER-SUPPLY ON SUNDAYS.

THE Home Secretary's admission, on Tuesday evening in the House of Commons, that the time is near at hand when the whole question of the metropolitan water-supply must be entertained, will be received with general satisfaction. Meanwhile, we are glad to find that no resistance was offered, by him, to Mr. Stapleton's introduction of a Bill, requiring the Metropolitan Water Companies to supply water for domestic purposes on Sundays; for it is beyond doubt, as was observed by Dr. Brewer, that in a large proportion of houses occupied by the poorer classes, there is "a dangerous deficiency of water," owing to insufficient means of storage for two days' consumption. One of the recommendations of the Royal Commission on Water-supply was, "That the constant service system ought to be promptly introduced, to the farthest extent possible, in the supply of the metropolis"; but Mr. Bruce is of opinion (and we concur with him) that the arrangements for a constant supply cannot properly be made until the metropolis has got a better system of government than at present exists. We see no reason, however, why the Government should not help Mr. Stapleton to carry his Bill, which, if it became law, would remedy a serious evil, without prejudicing future legislation.

A REAL ASYLUM GRIEVANCE.

COMPLAINTS so frequent and so well-founded have been brought against lunatic asylums and their superintendents that it is quite refreshing to find those institutions and their presiding authorities in a position to complain in turn. On the 31st ult., at Preston, at an adjourned session of the Lancashire county magistrates, it was stated by the Rev. J. S. Birley that the Rainhill Asylum contained 670 patients, of whom 313 were English, but no fewer than 299 Irish, the remainder being Scotch, Welsh, Manx, and foreigners. The expense incurred by the county for the maintenance of vagrant lunatics, thus thrown upon its hands and incapable of being removed, is enormous. Lancashire pays no less than £14,000 a year for 480 such inmates kept in her county asylums, at the cost of £30 each per annum. Mr. Birley proved that a great proportion of these interlopers came from Ireland, some from Scotland, and some from America; that they were landed like so many cattle at the port of Liverpool, and left to wander about till picked up and thrown upon the rates. He gave the names and history of some Irish female lunatics, who had been shipped from America by the United States' Lunacy Commissioners to avoid the expense of maintaining them. Liverpool, as the New York of England, is peculiarly exposed to the descent of these invaders, and forms the head-quarters from which they make incursions into the surrounding country, taking asylums by storm, and levying black mail on the ratepayers. Parliament must be memo-

rialised on the subject; and as soon as the requisite reports are collected as to the number of lunatics thrown upon the counties of England at large, we hope the initiative will be taken by Lancashire. By the accident of position she is the greatest sufferer—her rateable value being ten millions annually, and her lunatic vagrants 480; while the West Riding of Yorkshire is of seven millions annual rateable value, and her lunatic vagrants amount to only 34. Scotland and Ireland must be made to "rectify" their Poor-law frontiers, and America to discharge the functions of the "Union" in every sense; otherwise our county asylums will come to exist chiefly for the stranger within their gates, and their superintendents to earn, in more than one respect, their favourite title of "alienist!"

ETIOLOGY OF CHARBON.

AN important lecture by M. C. Davaine on Charbon, or Malignant Carbuncle, as it appears in Domestic Animals, is contained in a late number of the *Gazette Hebdomadaire*, and has been the subject of lively discussion in the Academy of Medicine. The loss occasioned by this disease amongst cattle and sheep in France alone is estimated at many million francs per annum, and hence it has received great attention from all who have a direct or indirect interest in agriculture. The results of recent inquiries have shown that the disease may be communicated from animal to animal without direct contact, or, in other words, through the agency of a volatile virus; but this is not capable of extending beyond a certain limited distance. The emigration of the flocks is the best mode of preserving them from further ravages. The cases which arise spontaneously, or of which the origin cannot be traced, are too few to be of much importance. Various circumstances induced M. Davaine to think that the propagation of the poison might be effected by the agency of flies (Musca vomitoria); and he records a number of experiments in which the feet and proboscides of flies which had been allowed to alight upon the blood of diseased animals, and were then cut off and introduced into others, occasioned an attack of the disease. Such flies could not, of course, introduce the poison into the uninjured skin, but it might easily thus come into contact with a wound. In the country, again, it might be propagated by flies capable of inflicting a wound; and this is not unfrequently visible in the form of a subcutaneous œdematous tumour, which M. Davaine thinks represents the first stage of the disease. The recovery of the flock after emigration is due to the fact that the flies do not accompany them, but await their return to their ordinary sheds. The increase of the disease in hot or stormy weather is due to the fact that flies are then, as is well known, more irritating; while the observed disappearance of the disease during the prevalence of a cold northerly gale results from the flies then concealing themselves. From all this M. Davaine concludes that the affected animals should be at once removed to a distance from the flock or herd, and the sheds or outhouses fumigated with sulphur and tobacco.

KNIGHTSBRIDGE BARRACKS.

THE deputation on the proposed removal of these barracks has had an interview with Mr. Cardwell. The Chancellor of the Exchequer was unable to attend, which was unfortunate, as he had formerly spoken of the barracks as "an isthmus of barbarism," and must surely have concurred in the necessity for the removal of so ugly a feature in the map of a city supposed to be civilised. These barracks are so unsightly as to be an eyesore to residents in the locality. They are so defective in construction as to stand in need of constant repair, and when all is done, they must remain, in a sanitary point of view, very objectionable quarters for troops. Mr. Cardwell had really no defence to offer. He had to confess that they were in a bad state of repair, especially the hospital; and that it was for the execution of such repairs that several thousand pounds had been inserted in the Estimates. The site is a very valuable one, and the Government can have no difficulty in disposing of it for a large sum of money. There is no reason why these barracks should be permanently inflicted on the neighbourhood. The pressure of public opinion, if it be persistently exerted, will produce the desired effect, and the temporising policy in which the heart of a Government official delighteth will be overcome at last.

M. AMÉDÉE LATOUR.

THE medical press of France has just achieved a great success by the election of one of its most eminent members to the Academy of Medicine. M. Latour is one of the most honourable and talented workers of the periodical press, and stands in the foremost rank of those who energetically defend the interests of our profession. For the last thirty years he has rendered signal services to medicine, and has shed great lustre on *L'Union Médicale*, a journal which owes to him the prominent position it has attained. M. Latour is not only a powerful writer in a scientific and professional point of view, but possesses a vein of wit and humour which for many years has been highly appreciated by his readers. No ill-will or malice has ever sullied his compositions, and goodness of heart and love of fair play have always characterised his effusions.

But M. Latour's merits are not confined to authorship; he has raised a lasting monument by founding the Association of the Medical Men of France, a society which aims at mutual assistance among the members of our profession, and stretches out a helping hand to those of our brethren whose circumstances have been reduced by illness or reverses. M. Latour has bestowed an immense amount of work and anxiety on this colossal enterprise, and deserves the highest encomiums for having persevered in spite of many obstacles. We are happy to find that such exceptional merit has been recognised by the Academy of Medicine of Paris, and trust M. Latour will long enjoy the honour which has been so justly conferred on him.

SIGNIFICANCE OF DEATH-RATES.

A GOOD deal of publicity has been given to certain statements which have lately been made, as to the alleged uselessness of the death-rates which the Registrar-General publishes for London and other large towns, in his Weekly Return. It seems that erroneous interpretations have been put on those death-rates by the assumption that they are the direct exponents of the sanitary condition of the several towns to which they relate. The Registrar-General has, it is asserted, omitted to repeat sufficiently often that two and two did not, according to his method of reckoning, make five, whereby some obtuse persons had been, or might have been, grievously misled, and has repaired the omission in his Weekly Return for the 26th ultimo. He there sets forth, at some little additional cost in the way of printing, such elementary rules as will henceforth render it inexcusable for "the merest tyro" in statistics to blunder on a wrong meaning to the facts published. It is very like going over one's alphabet afresh to repeat the old propositions, that the rate of mortality differs at different periods of life, that in infancy and old age it is very high, that in the prime of life it is very low, and that, as a necessary consequence, the

relative death-rates of two towns will differ (irrespective of sanitary condition) according as the population of each of them is more or less composed of persons at the ages of high or of low mortality. An endeavour has been made to prove that the effect of a high birth-rate in a town is to increase the rate of mortality. It is conceivable, the Registrar-General says, that a "novice" may rush to such a conclusion; but observation shows that precisely the opposite effect is produced. "The mortality of a population with an excess of births over deaths is lower than the mortality of a stationary population, where the births and deaths are equal"; the excess gradually augmenting the proportions living at the ages 5–55, when the mortality is low. General death-rates are the true expressions of the relation found to exist between one fact (population) and another fact (deaths) in a given town. What that relation implies, as between one town and another, is quite another matter; it may be a difference in the constitution of the population, or it may be a difference of sanitary condition. A low rate of mortality does not necessarily indicate the healthfulness of a community, because there may be social and other circumstances (as at Brighton, for example) which would otherwise account for it; but, *cæteris paribus*, it would do so, and it may, we think, be safely assumed that any town which exhibits persistently such a high death-rate as 30 per 1000, no matter what its birth-rate may be, or any town which, having ordinarily a low death-rate, suddenly begins to show an increasing one, affords *primâ facie* evidence of an unhealthy condition in one form or another. No doubt there are many elements to disturb the perfect accuracy of general death-rates, but we may take it from the Registrar-General that, as calculated in his returns, they "exhibit the relative fatality of different cities with sufficient accuracy for all ordinary purposes." It must not be forgotten that they at least serve one most useful end: they attract attention and lead to local inquiry, which is evidently the main object of their publication. And it is quite clear that the Registrar-General's critics have nothing better to offer us, for they rely on the birth-rate as an absolutely controlling element of the death-rate, and take no account at all of the ages of the living. If we could have life tables scientifically made for all our town populations, we should get accurate knowledge of what we can otherwise only know approximately; meanwhile it is satisfactory to learn that the extent of error into which the less scientific general method of estimating death-rates is likely to lead us, is comparatively insignificant.

MEDICAL FEES.

IN the accident on the London and Brighton Railway at New Cross in June, 1869, severe injuries were sustained by a publican named Keymer, who claimed £2000 damages. From some oversight on the part of the Company's servants, who had made a list of the passengers at the time, his name was omitted, and his claim discredited. On discovering their mistake, the Company made overtures for an amicable settlement; and, after some conference with the plaintiff's counsel, they disavowed all intention to dispute his claim, but only demurred to the amount of damages, which were now put at £4000. The case then came on for trial before the Lord Chief Justice and a special jury at the last assizes on the Home Circuit. According to the medical evidence, the plaintiff had sustained a severe blow on the eye, and, owing to the rebound, another blow equally severe at the back of the neck. He was attended at once by Mr. Swyer, of Mile-end-road, who called in Dr. Payne, of Westbourne-park, and in the judgment of both practitioners he had incurred a heavy shock to the nervous system. Mr. Skey, who had also been called in, corroborated their opinion. On the part of the Company, Mr. Haynes Walton deposed to having seen traces of the blow on the eye, and to having subsequently ascertained from the plaintiff that he suffered from enlarged prostate—a disease which would account for some of the symptoms complained of. The Lord Chief Justice, in summing up, observed that the mischief done had been so slight as to admit of the plaintiff's returning to his usual avocations. At the same time, the mere absence of physical ailment did not represent all the damage done, as there might still remain the apprehension of the future consequences of such accidents, which, as experience showed, very often resulted. The medical charges his Lordship deemed excessive, Dr. Payne claiming £40 19*s.* for thirteen consultations at three guineas each, and Mr. Swyer £45 for 120 visits at 7*s.* 6*d.* each, and £5 for medicine. It was impossible, added his Lordship, not to see that, though, in general, medical men were extremely liberal, yet there were cases in which a disposition betrayed itself to make the most of them, and to run up charges to the utmost, from an idea that a railway company could afford to pay. The jury (being warned by his Lordship that they could not award in separate sums for medical fees), after a little consideration, returned a verdict of £300 damages, expressing an opinion that the charges of the practitioners were exorbitant.

POLITICAL MEDICAL STUDENTS.

ALTHOUGH in England we have occasional mild embroilments in our Schools of Medicine, we are happily free from that familiar continental phenomenon, the political student. The French papers record an absolute riot, or rather a recurrence of riots, at the Ecole de Médecine of Paris, all arising out of the displeasure felt at the evidence given by Professor Tardieu upon the trial of Prince Pierre Bonaparte. On one occasion some fifteen hundred persons are said to have thronged the lecture-hall in order to hoot the Professor, and to demand that he should resign. Dr. Tardieu, however, was not to be intimidated, and boldly rebuked the rioters, adding that he would not resign, that he knew his duty, and could not be frightened from doing it. Upon this the audience gave vent to their feelings by singing the Marseillaise; but at last they quietly dispersed. It really seems incredible that young men, with important business before them, should be capable of forsaking it *en masse*, in order to raise such an outcry as this. The French students might with advantage take a lesson from England, and might learn that their proper work in life is to render themselves able to heal the sick. A man must be a very great genius, or else a very bad doctor, if he attempts to combine medicine with politics, or to chase the *ignes fatui* of the demagogue when he should pursue the sober light of scientific truth.

THE HOPE SCHOLARSHIPS AT EDINBURGH.

OF the students in Professor Crum Brown's chemistry class who scored the highest number of marks at the final examination, Miss Mary Edith Pechey stood third, a position which has hitherto entitled its owner to one of the Hope Scholarships, awarded to the first four. As a female student, however, she was passed over, and the gentleman who stood fifth in the examination list has thus come in for a scholarship to which his place gave him certainly no claim. Acting, doubtless, on due consideration as to the late Professor Hope's object in founding the scholarships, and as to the precedent which such an award as that claimed for Miss Pechey by her friends might establish, Professor

Crum Brown has, nevertheless, incurred a good deal of public criticism, which we shall refrain from characterising either as to its spirit or its taste. The matter has been referred to the Senatus Academicus, which will meet for its discussion to-day; when, we doubt not, a decision will be come to in perfect accordance with the wishes of the late Professor Hope, the just claims of Miss Pechey, and the best interests of the University.

PUBLIC VACCINATION IN SOUTH LONDON.

THE hardship accruing to the medical men who, in the absence of contracts, have been doing the work of public vaccinators in St. Saviour's Union, South London, has to be still further exposed. The following motion has been carried in the Vestry, on the recommendation of the Sewers and Nuisances Removal Committee:—

"That the Vestry draw the serious attention of the Poor-law Board to the danger arising from the present unsatisfactory arrangements connected with vaccination, owing to their refusal to remunerate the district vaccinators during the many months in which no contracts were in existence, and that a deputation be appointed to wait upon the Members of the borough, with a view of the attention of the House of Commons being directed to the serious aspect which the question now assumes."

This is a very urgent matter. The district is a crowded one. In the last eleven months there have been sixty-three cases of small-pox attended on parish orders; in the same period in Newington there have been fourteen deaths from small-pox. And for more than six months there has been no provision for public vaccination. The numbers vaccinated have very much decreased. Who is to blame? We believe the original cause of the chaos into which things have come, and of the decline of vaccination, was a disagreement between the old Board of Guardians and the Privy Council as to the reduction in the number of public vaccinators—the favourite policy of the Privy Council, concerning the wisdom of which we have always had the gravest doubts.

THE INDIAN MEDICAL SERVICE.

WE have, on several occasions, called attention to the distrust and irritation engendered by the withdrawal of the chief advantages of the furlough regulations from the medical services. We regret to perceive that these feelings still prevail. The language used by the Secretary of State in the paragraphs which permitted leave to Europe with 50 per cent. of allowances, and retention of appointment, seemed plain enough; but a most invidious distinction has been drawn between the military service and the medical. Medical officers, whether employed in military or civil capacity, are altogether debarred by the Government of India from participation in the two most advantageous clauses of the furlough rules. The Indian Medical Service, by all accounts, has not had much for which to thank Lord Lawrence. His successor, Earl Mayo, is believed to be a fair as well as an able administrator, and we sincerely hope that he may yet reverse the policy pursued by the late Governor-General, in respect of these regulations; for, as usually happens, the medical officers have been singled out with the view of being subjected to a grave injury.

QUEEN'S COLLEGE, GALWAY.

THE investigation into the charges brought against this university by Mr. Melville was held by the Visitors, Sir Maziere Brady, Bart., Mr. Macnamara, President of the College of Surgeons, and Dr. Banks, President of the College of Physicians, on Wednesday and Thursday, the 30th and 31st March, in the apartments of the Queen's University, Dublin Castle. After due inquiry had been made into the statements mentioned by Mr. Melville, the decision of the Visitors was given. They condemned the conduct of Mr. Melville in having written letters to a newspaper without having first brought his complaints before the Council. They also thought that the terms applied by the Council to these letters were justified; but considered, at the same time, that the term of rustication—three years—was disproportionate to the offence, and they would reduce it to one year. Mr. Melville should also get any certificates to which he was entitled.

Through the kindness of the registrar of Queen's College, Galway, we have just received copies of the official documents laid before the Visitors. We have not yet had time to peruse them—a task which we shall, however, at once set about. In the meantime we publish a communication, forming a covering letter, forwarded by the registrar with the documents in question. It is essential to remind our readers that we have carefully abstained from entering upon the question of the benefits or otherwise of mixed education, as one with which we have nothing whatever to do. We are not now concerned with the *form* of our correspondents' charges, but with their statement of alleged *facts*. The issue to be tried is the original one, from which we have never departed—viz., as to what was the nature of the *clinical* instruction afforded to the students at Galway, and whether it was in kind and amount such as ought to have been reasonably expected for qualifying young men to pursue the study of medicine for the purpose of practising it as a profession.

SANITARY STATE OF HIGH WYCOMBE.

THE *South Bucks Free Press*, adverting to our comments on "Small-pox at High Wycombe" (THE LANCET, March 19th), says there was no intention on its part to palliate the sanitary condition of the town, which is admitted to be "grave enough to justify prompt action on the part of the authorities." We trust, therefore, that no longer delay will be allowed in carrying out efficient sanitary works. The Board of Guardians have decided on appointing an officer to enforce vaccination—a very necessary step if the registrar of births is warranted in making the statement ascribed to him that "there were hundreds of people in Wycombe who had never been vaccinated at all, many of whom were under fourteen years of age."

ST. LUKE'S HOSPITAL AGAIN.

WE print elsewhere a correspondence between Dr. Williams, the newly-appointed superintendent of the Sussex County Asylum, and Dr. Thompson Dickson, the superintendent of St. Luke's. It appears that a patient with acute mania was taken to the door of St. Luke's, was refused admission there, and was at last taken away from the door and conveyed to the private asylum at Bethnal-green. For this atrocious proceeding Dr. Dickson seems to have been in no way responsible, or, at least, to have been justified by certain "rules," which must have been framed expressly to prevent the hospital from becoming of use to the insane. It is impossible not to feel for Dr. Dickson when we find him forced to write down the following passage:—

"My powers regarding admission only extend to urgent cases. As a rule, patients are brought here on Friday mornings, and the Committee meet on that day to consider the applications. It is always well, however, to make a preliminary application to the Secretary, who would forward a series of questions to be answered for the information of the Committee."

There are some asylum superintendents who, when a case of acute mania stood at the door, would have treated such

a rule as our great Admiral treated the signal of recall, when he put the telescope to his blind eye. But we must not blame Dr. Dickson because he is no Nelson, neither must he expect to find a Nelson in St. Luke's. The institution seems to be delivered over to an irresponsible Committee, and the regulations we have quoted must surely have been framed by the patients. It would be impossible to alter them for the worse except by requiring that every candidate for admission should have given six months' notice of his intention to become insane. It is also manifest that the selection of cases must render all statistics of the results of treatment untrustworthy, and any comparison with other asylums impossible.

A NATIONAL HOSPITAL FOR INCURABLES.

WE are glad to see that a movement has been set on foot, under good auspices, for the foundation of a National Hospital for Incurables in the neighbourhood of Oxford. The Duke of Northumberland took the chair at a meeting at the City Terminus Hotel last week, held with the view of promoting the cause of this charity, and was supported on the occasion by the Marquis of Salisbury, Mr. Gathorne Hardy, Sir Thomas Watson, and other influential gentlemen.

No one knows better than a member of the medical profession the great need there is for an asylum for those who, while beyond hope of relief from medical treatment, must yet look forward to some years of life in disablement, and possible penury. There are, it is true, two institutions near London—at Putney and Clapham—which are devoted to these cases; but the number of them so outweighs the accommodation provided, that to obtain admission to either asylum entails upon the sufferer and his friends a canvass for votes little less troublesome and expensive than that required to secure the return of a member of Parliament. Failing admission to these institutions, there is only the workhouse infirmary for the sufferer to fall back upon; and to those who, in their early days, have been accustomed to all the comforts of a decent home, this alternative is often truly dreadful.

We earnestly wish it were possible, in founding a new asylum, to entrust the selection of cases to a board composed partly of lay and partly of medical members, so that the necessity of canvassing hundreds of governors might be obviated. The difficulty, of course, is that the British subscriber to benevolent objects usually likes to have his money's worth in the form of a vote to give away. Is it impossible to collect funds for a good object without thus clogging the working of its benevolent machinery?

HULME DISPENSARY.

WHILE the general feeling of the profession in London seems to incline towards the abolition of gratuitous dispensaries, except as a part of the system of Poor-law medical relief, and towards the establishment of provident institutions in their stead, the inhabitants of Hulme are congratulating themselves that a free dispensary has been established in their midst. The first annual meeting of the subscribers was held a few days since; and it appeared from the report that 6732 persons had received relief in a period of ten months, and that 1219 of these had been visited at their own homes. It seems that out-patients require no recommendation, that patients to be visited must be recommended by a subscriber, and that "*forms of recommendation may be purchased by non-subscribers at a cheap rate.*" We much doubt whether all this is either politic or charitable. It was stated by one speaker that the bulk of the inhabitants of Hulme earned less than 3s. per week per head. What is the use, we would ask, of giving away unlimited physic to six thousand persons who are so situated? Of course a dispensary must cure a certain number of patients, and must save many others the trouble of getting an order for the parish doctor. But we believe the multiplication of these so-called charities to be, on the whole, injurious; and to be one of the great causes which allow boards of guardians to pay their medical officers inadequately, and to provide their poor with such care as inadequate payment is likely to produce.

THE NAVAL MEDICAL SERVICE.

THE *Gazette* of April 1st contained the names of one inspector of hospitals, one deputy inspector, nine staff surgeons, six surgeons, and one assistant-surgeon, who are retired under the new regulations. These gentlemen are entitled to their retirement by age and non-employment; and there is in addition, we understand, a considerable number of officers whose claims to retirement are under the consideration of the Admiralty.

From the 1st of the month the sole executive care of the naval hospitals at Portsmouth and Plymouth has devolved upon the inspector-general in charge of the wards, owing to the abolition of the office of captain-superintendent. It is not improbable that the new duties thus thrown upon the senior medical officer will lead to some modification of the medical arrangements among the members of his staff.

Dr. F. H. Blaxall, staff-surgeon R.N., has received an appointment as Inspector of Vaccination under the authority of the Privy Council.

MARLBOROUGH COLLEGE.

IN consequence of the comments which have been made upon the action of the authorities of Marlborough College in reference to the recent epidemic of scarlet fever, we dispatched our Sanitary Commissioner to investigate the condition of the College, and the causes which have favoured the extension of the disease. We have to acknowledge the courtesy with which every information has been afforded by the head master, Mr. Bradley, by Dr. Fergus, the medical officer, and by everyone concerned. The Report will appear next week. In the meantime we cannot refrain from bearing testimony to the unwearied zeal and kindness of masters, medical officers, and nurses; and to express our belief that no pains have been spared to secure the welfare of the sick, and the non-extension of the epidemic. We may further state that, on the whole, the most judicious measures have been adopted.

HEALTH OF EUROPEAN CELEBRITIES.

OUR Paris correspondent states that the Empress Charlotte is in a most melancholy condition. She has now attained the last stage of a terrible disease which has made a wreck of her mental and physical faculties.

The Emperor of Russia is not the only member of the Imperial family of St. Petersburg who is afflicted with disease. The Empress is a sufferer from intermittent fever of a bad type, which has told sadly upon her general condition.

Raspail, the famous French agitator, and inventor of the camphor system of medicine, is now suffering from an acute attack of bronchitis, which, closely following upon a former pneumonia of both lungs, seriously endangers his life.

"WOMEN'S RIGHTS."

IT appears that among other rights of women, is the right, under certain circumstances, to send for a doctor in a great hurry and not to pay for his services. A case in

point has just occurred. The woman refused to pay the doctor's bill, though it was a moderate one, on the ground that she was a married woman, whose husband was living apart from her in America. The medical man, Mr. Maltby, of Basford, brought an action in the County Court, not being very sanguine of a verdict, but anxious to expose the case. He was nonsuited, though the existence of the husband was not proved.

THE ARCHBISHOP OF CANTERBURY.

WE have authority for contradicting the rumour that the Archbishop of Canterbury has sustained a relapse. His Grace is absolutely free from adverse symptoms; while the project of going abroad formed no part of the Archbishop's intentions, or of his physician's advice.

BRISTOL MEDICAL SCHOOL.

THE annual distribution of prizes to the students of the Bristol Medical School took place last week, when Dr. Burder, who presided, took occasion to make some remarks on medical education. He deprecated the abolition of lectures, and maintained that no system of examination could be devised which would obviate the necessity for a regular and enforced curriculum of study. He thought it was most necessary to bear in mind that the real object of medical education was to qualify the student to practise his profession with honour and success, and not merely to enable him to pass certain examinations. Knowledge acquired for an immediate and temporary purpose was, in Dr. Burder's opinion, a very different kind of knowledge from that slowly accumulated in the course of years, and the former, though sufficient to satisfy an examiner, would necessarily be of an evanescent character.

THE CONDITION AND MANAGEMENT OF THE MARLAND WORKHOUSE, ROCHDALE.

OUR attention having been directed to the condition and general treatment of the inmates of the Marland Workhouse, Rochdale, we instituted a special inquiry on the spot. Owing to extraordinary pressure on our space, the Report is unavoidably postponed.

EASTER VOLUNTEER REVIEW.

WE are requested by Brigade Surgeon Cordy Burrows, 1st Sussex Artillery Volunteers, to present his compliments to any members of the medical staff attending the review on Easter Monday, and to express his hope that if they do not receive a direct invitation from him to breakfast in the Royal Pavilion, Brighton, on the morning of the review, he may yet have the pleasure of their company. Breakfast on table from 9 to 11 o'clock A.M.

THE practitioners of Plymouth and Devonport are bestirring themselves with the view of inviting the British Medical Association to visit the south of England next year. Mr. W. P. Swain, F.R.C.S., took the chair at a preliminary meeting of the medical profession on the 30th ult., when, after some discussion, it was resolved to take steps towards forming a guarantee fund for the entertainment of the Association.

Two labouring men were recently committed for two months' hard labour by the Cheshunt bench of magistrates for having brutally ill-treated an unfortunate man suffering from small-pox, whom they were engaged to watch during an access of delirium. As the surgeon could not swear that the patient's death had been accelerated by the ill-treatment, these brutes escaped being put upon their trial for manslaughter.

THE next meeting of the Association of Medical Officers of Health will be held on Saturday, April 16th, at 7.30 P.M., at the Scottish Corporation Hall, Crane Court, Fleet-street, when a paper will be read by Dr. R. Angus Smith, F.R.S., F.C.S., "On the Examination of Air, with special reference to that of London."

PROFESSOR FRANKLAND reports that the water delivered by the Chelsea Water Company in March was "very turbid, and contained living organisms." The Lambeth Company's water was also turbid, but exhibited no signs of animal life. The waters of the other companies were clear when drawn from the mains.

THE annual meeting of supporters of the South Lambeth Dispensary was held last week. This institution is partly self-supporting, and the medical officers are allowed 4s. 3d. a case for visiting, at their own homes, patients unable to attend at the dispensary.

A LETTER has been received by the Eastbourne Local Board from the Medical Officer of the Privy Council expressing satisfaction at the steps which have been taken by the board to improve the sanitary condition of the town, in respect of the matters referred to in Dr. Thorne's report.

A PROCESS has been invented in France by M. Hurtault for rendering petroleum inexplosive, by adding to it a certain quantity of amylic alcohol.

DR. BAYLIS, the medical officer of health for Birkenhead, in his Annual Report for 1869, mentions the fact that no death from small-pox has occurred in Birkenhead during the last three years.

THE ROYAL COLLEGE OF PHYSICIANS.

DR. SIBSON'S CROONIAN LECTURES ON ANEURISM OF THE AORTA.

LECTURE III.

DR. SIBSON'S third lecture (delivered on the 30th of March) treated of the group of aneurisms which spring from behind the manubrium. This group includes those of the ascending aorta close to the innominate, those of the transverse aorta, and those of the innominate itself. In the latter the tumour is situated behind the right sterno-clavicular articulation; and this position affords the best distinction from aneurism of the ascending aorta close to the innominate. As a rule, the sac enlarges both downwards and upwards; so that, while it invariably ascends into the neck, it generally also descends into the chest. The trachea and œsophagus are both pressed upon. The carotid and subclavian arteries are affected by direct pressure, and by plugging up by fibrin. The subclavian is narrowed or obstructed in nine-tenths of the cases; and this forms a valuable indication of the position of the aneurism. The right carotid is affected in only one-half of the cases. Difficulty of breathing is as frequent, though not so great, as in those of the transverse; cough is also present. Pain in the right arm is frequent when the tumour, ascending into the neck, presses on the brachial plexus; paralysis and the other effects of nerve destruction may result.

The descending part of the arch is tied down firmly to the spine by the arteries which arise from it. Aneurisms of this part, therefore, undergo their development in one spot, and everything in that spot is wrenched from its position. The transverse aorta and the whole arch is forced forwards, and if the tumour extends upwards there may be distinct pulsation over the manubrium. This aneurism agrees with that of the transverse in coming in contact with the œsophagus and recurrent laryngeal nerve, and it catches the trachea at its upper part. It differs in winding

round the left bronchial tube, and if at all large, that tube is flattened. When the aneurism arises from the posterior wall, as it does in one-half of these cases, it presses upon the bodies of the vertebræ and absorbs them into its wall; it passes upwards rather than downwards, and may even extend, step by step, over to the opposite side. The great splanchnic nerve is literally woven into the sac, and, in consequence, we have pains going to the epigastrium and a difficulty of swallowing, referred, not to the seat of the tumour, but quite behind the lower end of the sternum, while an earlier symptom is a dyspepsia most painful and uncontrollable. Difficulty of swallowing often occurs also from direct pressure on the œsophagus, which may become incorporated with the sac. Pain is often present in the tumour itself, but not always, and not much stress is to be laid upon its actual character. In the few cases in which the aneurism becomes visible, it invariably points at the first rib, and thence travels downwards to the second space, or even lower. There is more or less dulness on percussion and bronchial breathing above the left scapula, and, very uniformly in Dr. Sibson's experience, increased vocal fremitus. A husky voice, laryngeal respiration, a very faint murmur, exaggerated heart-sounds, and enfeebled breathing over the left lung, complete a group of symptoms scarcely referable to anything else.

The symptoms of aneurisms of the thoracic aorta below the arch depend upon their position. Those of the upper end have the characters of the aneurisms last described, and in all there are the same effects upon the abdomen—pain, affections of the stomach and intestines, and not unfrequently obstinate constipation.

The reason why a murmur in these cases is sometimes present, sometimes absent, was correctly pointed out by Sir Dominic Corrigan in THE LANCET for 1829. The looseness of the sac favours a murmur. When tight, nothing is heard but the sound of double pulsation. Some experiments of Dr. Sibson's fully confirm this statement.

The leading points in the treatment of these affections are—to keep up the nutrition of the patient, to relieve pain, and to lessen the force with which the heart sends the blood into the sac. The latter may be accomplished, first, by rest, and, secondly, by reducing the volume of the blood upon which the heart has to act. As far as Dr. Sibson's experience goes, this may be done with absolute certainty by bringing the quantity of the liquid down to not more than a pint a day. Every case submitted to that treatment experienced the value of it. In one instance in which the liquids had been thus limited with benefit for several months, the patient's resolution gave way during a hot summer; he quenched his thirst by large quantities of water, and in two days the aneurism burst.

Correspondence.

"Audi alteram partem."

THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—I trust to your sense of fairness to correct an error in this day's LANCET. It states that "the general practitioners of this country" have been "almost insulted" by the Medical Council; "their great Memorial, signed by nearly 10,000 practitioners, was only entered on the Minutes (of the Council) after a division."

This is a mistake. The motion to insert that Memorial on the Minutes was agreed to by the Medical Council without a dissentient voice. The gentlemen presenting the Memorial were received by the Council with all due courtesy. They were invited to express their opinions as fully as they pleased, and they did actually give explanations in answer to questions put to them by the Council.

I am, Sir, faithfully yours,

G. E. PAGET, M.D.,
President of the Medical Council.

Cambridge, April 2nd, 1870.

*** Dr. Paget very skilfully—we will not say slyly—uses a very slight inaccuracy in the language of our complaint of last week, the substance of which, as we shall show, was too well founded. The President and other officers of the Medical Reform Union forwarded a communication to the General Medical Council at its late meeting on the subject of medical reform, intimating that the signatures to the Memorial concerning the amendment of the Medical Act had gone up in number from 5200 (in July, 1869) to 9724, and containing an explanatory statement of the views of the Union. Be it understood that these gentlemen had, at a meeting in Birmingham, been deputed to represent the memorialists, at which meeting the Union was formed, and these gentlemen were appointed to be its executive. For the first time, then, these gentlemen addressed the Council in a communication representing nearly 10,000 practitioners, and this communication—we meant last week to say—was received in a way almost insulting to the profession. It would have been better if Dr. Paget had discussed the reception of this communication—either justifying it, or expressing his regret for it. Instead of this, he takes advantage of a slight inaccuracy in our words, which makes them to apply to the reception by the Council of the Memorial in 1869, rather than to its reception of the communication in 1870, when alone the number of the memorialists had reached to nearly 10,000. We will not dwell on the treatment of the Memorial in 1869, though even then one member of the Council had to correct another for disparaging the signatures to the Memorial. But, we repeat, the communication in 1870 was received in a way almost insulting to the profession. We will not try to define the feeling which was conveyed to ourselves during the reading and discussion of this communication. We will refer to our own reports, and give the resolutions from the published Minutes of the Council, which will fully justify the language which we used last week. One gentleman, Mr. Cæsar Hawkins, asked what the Medical Reform Union was! Another, Dr. Aquilla Smith, suggested that the Council should proceed to its next business! Dr. Andrew Wood thought the Council would be acting very unwisely if it did not receive memorials from the profession with every mark of respect. He hoped the communication would be entered on the Minutes. Now followed a division as to whether this communication should be entered on the Minutes or not. The following is an extract from the Minutes:—Moved by Dr. Embleton and seconded by Dr. Quain: "That the communication from the Medical Reform Union be entered on the Minutes." Amendment, moved by Dr. Fleming, and seconded by Dr. A. Smith: "That the Registrar be instructed to inform the memorialists that their communication has been received and read to the Council." The amendment was negatived; the motion was carried. We say that the tone of this discussion was anything but respectful to the profession. We think our readers will agree with us that this has been too much the tone of the Council throughout its whole history, and especially whenever the profession has asked for representation and recognition.—ED. L.

A NEW RETENTIVE CATHETER.

To the Editor of THE LANCET.

SIR,—On March 28th, 1870, I exhibited at the Medical Society of London a new form of retentive catheter, which possesses the three essential qualities required for general use, viz.:—1. It is easy of introduction. 2. It is easy of retention. 3. It is easy of withdrawal. It consists of a French vulcanite catheter, through which a string is passed, emerging at a clean hole an inch and a half from the point, and then, bridging over the usual opening for the urine, is inserted securely at the point.

The opening for the urine is punched one inch from the point, and is on the opposite aspect of the tube to the usual hole. The handle consists of a leathern collar, with a slot in it, a knot in the string, and a plug on it.

1. To introduce the catheter. Fix it on a long stilette, well oil it, and remove stilette when the instrument is fairly in the bladder. 2. To retain it. Draw the string at the handle, fix the knot behind the slot, and use plug or not at your discretion. The effect of this is to reduplicate the terminal portion (three-fourths of an inch) of the catheter, so that No. 12 in the urethra becomes No. 24 in the bladder. 3. To withdraw it. Slip the string out of the slot; the elasticity of the tube restores the end to its original straight position, and withdrawal is painless.

To render these two last-named acts (Nos. 2 and 3) distinct by an anatomical simile. Suppose the end of the catheter to be a finger, then the string is the flexor tendon, and the elasticity of the tube the extensor.

Any surgeon may now easily make his French catheters self-retentive, or they may be purchased at a small cost of MM. Mayer and Meltzer, 59, Great Portland-street, W.

I have the honour to be your obedient servant,

Welbeck-street, W., April 4th, 1870. RICHARD DAVY.

NITRITE OF AMYLE IN TETANUS.

To the Editor of THE LANCET.

SIR,—The treatment of traumatic tetanus is so empirical, and the favourable results of any medicine are so problematical, that it appears legitimate practice to use any *likely* remedy. In a practice of thirty-four years I have seen seven cases, all of which proved fatal, until this time I prescribed nitrite of amyle inhalation. I was induced to try it from its supposed property of alleviating the spasm of angina pectoris, and for which I had previously secured a supply.

J. B——, aged fifty-two, publican, smashed the third finger of his right hand on Dec. 11th, 1869. He was exposed to much wet and cold on the 20th; felt himself very ill on the 22nd, complaining of stiffness of the jaws. My partner, Mr. Lucas, saw him on the 23rd, when tetanus was setting in fast. I saw him on Christmas-day. At this time his jaws were fixed, and on the recurrence, very frequently, of tetanic spasms, his body was rolled up into a rigid ball. I gave him five drops of the nitrite on a handkerchief. The inhaling of it had an immediate effect in lessening the spasms. Directions were left to administer the same on each return of the spasms. This was assiduously done by his wife. From that time onwards the spasms were *held in check* until the ninth day, when he had inhaled an ounce, and the case might be said to be reduced to a semi-chronic state, with a fair prospect of recovery. He was most *thoroughly* supplied with nutrients, a few stimulants, tonics, and aperients. He gradually improved until the end of the month, when he was convalescent.

His perfect recovery to health has been retarded by some attacks of catarrh and congestion of the lungs; otherwise he is well.

I know it is foolish and rash to pronounce any treatment satisfactory upon a single case, such as this; and it is for the profession to try its influence, for good or otherwise, in other cases, as they may arise.

I am, Sir, your obedient servant,

Huntingdon, March 25th, 1870. M. FOSTER, F.R.C.S.

MEDICAL REFORM UNION FOR THE AMENDMENT OF THE MEDICAL ACTS.

To the Editor of THE LANCET.

SIR,—Since my letter of the 22nd ult., which you have favoured with insertion, I have received 256 additional letters, enclosing cheques, post-office orders, and stamps to the amount of £60 0s. 8d., making the gross receipts towards our expenses £322 11s. 8d., leaving a present indebtedness of about £128. Of those who have signed the Memorial, 1348 have contributed towards the expenses of the movement; 8376 have not yet done so. Hoping that they are not labouring under the impression that Acts of Parliament, in the face of opposition, are to be obtained by merely signing a petition,

I am, Sir, your obedient servant,

ARTHUR OAKES,
Treasurer of the Medical Reform Union.

9, The Square, Birmingham, March 29th, 1870.

Obituary.

HENRY NORRIS, F.R.C.S.

A SURGEON of high professional character, and a "gentleman and scholar" of the good old type, Mr. Norris, died at South Petherton, Somerset, on the 20th ult., in his eighty-first year. He was of honourable parentage, and born at Taunton in 1789. His professional acquirements were first made at the London Hospital, and then at St. Bartholomew's, where he attended the lectures of Sir William Blizard and John Abernethy. He became Member of the Royal College of Surgeons in 1813, shortly after which he commenced practice in South Petherton, where he continued to labour with much skill and acceptance for forty-four years. In 1844 he became Senior Examined Fellow of the Royal College of Surgeons; while his professional knowledge and practice kept pace with all that was most sound in modern research and opinion. Owing to increasing attacks of heart disease, he retired from active duty in 1856, when his friends, in testimony of their esteem for his private and professional character, presented him with a handsome silver inkstand and a purse of gold. Numismatics and palæontology formed the recreation of his manhood and the solace of his declining years—subjects in which he manifested the versatile tastes of his family, of which Mr. E. Norris, of the Asiatic Society, the eminent Assyrian scholar and decipherer of cuneiform inscriptions, is the nearest surviving member of his own generation.

AUGUSTUS WARD ALLINSON, M.R.C.S.

WOOLWICH has lost an able and efficient surgeon, and the 4th Kent Volunteers a highly popular medical officer, in the person of Augustus Ward Allinson, Esq., who died on the 3rd instant at Beresford-square. The deceased gentleman was the youngest son of the late John Hiram Allinson, Esq., of Inglewood House, Penrith, Cumberland. He prosecuted his professional studies chiefly at Guy's, and became in 1855 Licentiate of the Apothecaries' Company, and in the following year Member of the Royal College of Surgeons of England. He was medical officer of health to the Plumstead District, and was in the full discharge of the duties connected with that, and with other fields of general practice, when he was cut down, to the regret of all who knew him, at the early age of thirty-seven.

WE have to record the death of several foreign *confrères*: in Spain of Dr. Mariano Martinez, who died from an attack of typhus contracted amidst his professional duties; in France of Dr. Morpain, an elegant writer, and the translator of several foreign medical works; at Baltimore (United States) of Dr. Roberts, Emeritus Professor of Obstetrics and Diseases of Women and Children, in Washington University, Baltimore.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners held on Tuesday and Wednesday last:—

W. S. Greenfield, W. G. D. Glanville, F. A. Gray, W. B. Wall, G. R. Shemilt, G. M. Briggs, and T. S. Parry, of University College; James Utting, G. E. Power, H. O. Taylor, Robert Dunstan, George Turner, G. F. K. Smith, John Marshall, Frank Langley, H. S. Branfoot, R. H. Paterson, T. D. Harries, H. G. Cartwright, Thomas Eastes, C. D. Fenn, and T. R. Edmundson, of Guy's Hospital; F. C. Hewett, Malcolm Poignand, A. C. Horner, E. H. Klien, A. L. Salmon, Matthias Groves, W. Furner, W. H. Hatfield, Frederic Skaife, and Thomas Strafford, of St. Bartholomew's Hospital; William W. Wilson, W. E. Parkes, E. H. J. Hogg, B. Neal, and G. B. White, of the Birmingham School; J. F. Wright, William Stamford, Richard Frean, and E. H. Fenn, of the Middlesex Hospital; Mark Robinson and S. J. Goldsmith, of St. George's Hospital; W. A. Mawson, James Brown, and S. Snell, of the Leeds School; E. Morris, W. L. Morgan, and Lewis Mackenzie, of the London Hospital; H. J. Molyneaux and J. B. Lyth, of the Liverpool Infirmary; C. E. Monro, of St. Thomas's Hospital; James Hindle, of the Manchester School; G. Hartridge and R. B. Morrell, of King's College; Thomas Procter and W. H. Williams, of St. Mary's Hospital; William

Ewart, of Berlin and St. George's Hospital; William Garton, of Liverpool and St. Thomas's Hospital; H. R. Jacobs, of Hull and St. Mary's Hospital; P. W. Delamotte and J. P. Cheesewright, of Charing-cross Hospital; and G. H. Fosbroke, of the Westminster Hospital.

Ten other candidates were admitted to examination, but failed to acquit themselves to the satisfaction of the Court, and were referred for a period of three months' further anatomical study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 31st:—

Blyth, Alexander Wynter, Tollington-park.
Cass, Edward Earnshaw, Goole, Yorkshire.
Harvey, Christopher, Plymouth.
Herman, George Ernest, Chatham.
Hodgson, William, Brigham, Cumberland.
Humphreys, John Henry, St. Leonard's-on-Sea.
Symons, Henry Edward, Stoke Newington.

The following gentlemen also on the same day passed their first professional examination:—

William Hanson, of Charing-cross Hospital; James Bowen James, of Middlesex Hospital; Joshua Raphael Joseph, Frederick George Passmore, and Charles Sage Ticehurst, of Guy's Hospital.

THE LEVEE.—His Royal Highness the Prince of Wales held a levée, on behalf of her Majesty, at Buckingham Palace on Wednesday last. The following were among the presentations:—Deputy Inspector-General of Hospitals, Dr. Thomas Crawford, on promotion, by the Adjutant-General; Dr. Hooker, on appointment as C.B., by Mr. James Paget; Professor Laycock, Physician in Ordinary to the Queen for Scotland, by the Lord Chamberlain; Assistant-Surgeon Page, by the Hon. Colonel Theziger. The levée was attended by the following members of the profession:—Dr. J. H. Brewer, Dr. Thomas King Chambers, Dr. Dyce Duckworth, Dr. Priestley, Dr. W. Sedgwick Saunders, Dr. Sieveking, Dr. Swettenham, and Mr. Alfred Cooper.

UNIVERSITY OF LONDON.—The following is the programme of the proceedings to be adopted at the opening of the New Building, on May 11th:—The Queen, accompanied by the Prince and Princess of Wales and the Princess Louise, will be received at the entrance of the building by the Chancellor, Vice-Chancellor, Member for the University, Chairman of Convocation, and Senate, and be conducted up the great staircase into the Senate-room; after which the Royal party will descend the staircase, and proceed along the corridor to the large west examination-hall. Returning from this hall, the procession will pass along the corridor to its east end, and then through the smaller eastern examination-hall, descending thence to the dais of the theatre. The Queen will occupy a chair of state on a raised platform in the centre of the dais, on which will also be placed chairs for the Prince and Princess of Wales and the Princess Louise; the Court standing around. The dais will also be occupied by the Senate, and by as many of the distinguished visitors invited by the Senate as can be accommodated thereupon. The Chancellor will read an address to the Queen; and her Majesty will deliver to him a gracious reply. The Queen will then pronounce the new building opened; and the silver bugles will sound from the upper gallery. The Queen and Court will then leave the theatre, and will be conducted back to the entrance by the Chancellor, Vice-Chancellor, Member for the University, Chairman of Convocation, and Senate; who will then return to the theatre, and will take their seats on the dais for the presentation of the graduates, exhibitioners, and prizemen. The following visitors will be specially invited to the ceremony:—The Prime Minister; the Home Secretary; the Lord President of the Privy Council; the Vice-President of the Committee of Council on Education; the First Commissioner of Works; the Lord Mayor of London; the Right Honourable Benjamin Disraeli; Lord John Manners and the Honourable W. Cowper (previous First Commissioner of Works); Lord Lyttleton (Chairman of the Endowed Schools Commission); the Chancellor or Vice-Chancellor of each of the Universities of the United Kingdom; the Presidents of the six chartered Societies to be located in Burlington House; the President of the Royal Academy; the Presidents of the Royal Colleges of Physicians and Surgeons; one representative of each of the affiliated institutions from which graduates, exhibitioners, or prizemen come up on this occasion to be presented; the Examiners and Assistant-Examiners. Each of the members of the Senate present on the occasion, together with the Registrar and Assistant-Registrar, will have the power of introducing a lady into the theatre; and after provision has been made for the visitors above mentioned, and for the graduates, exhibitioners, and prizemen to be presented on this occasion, the remainder of the seats in the theatre will be reserved, until the Sub-Committee of the Annual Committee of Convocation shall have ascertained, by communication with the members of Convocation, what number are desirous of attending the ceremonial. For those visitors who cannot be accommodated in the theatre, ample accommodation can be provided in the corridors and the two examination-halls, through which the procession will pass.

BRITON MEDICAL AND GENERAL LIFE ASSOCIATION.—In their sixteenth Annual Report, presented at the general meeting of the share- and policy-holders, held on the 24th ult., the Directors of this Association report the reception of 2964 proposals for assurances during the year, of which 2224, for assuring £630,768, were completed, making an addition of £20,706 to the annual premium income, which amounted altogether last year to £218,676. The total income of the Association is £241,890; the assets at the close of the year amounted to £682,324; and, after deducting all claims, dividends, surrenders, and other outgoings, there is a balance in favour of the Association on the year's transactions of £55,068. The auditors report most satisfactorily on the general conduct of the business; and it may be mentioned as an item of professional interest that £3094 were paid in medical fees during the year.

BRITISH MEDICAL BENEVOLENT FUND.—Ten applications for relief were laid before the Committee at their last meeting, and the sum of £60 was dispensed in grants. An additional donation of £10 was announced from Dr. Bisset Hawkins; and Bernard Kendall, Esq., of Rajpootana, India, has sent a donation of £5, with a request that its receipt might be acknowledged in THE LANCET.

SCURVY. — A China tea ship hauled into the London Docks, on the 31st ult., with a large portion of her crew more or less affected with scurvy. Two men died as the vessel was coming up Channel, and three were hoisted into the *Dreadnought*, helpless, and in a miserably debilitated condition. This ship was only 126 days out from Shanghai, and appears to have been well found in provisions. An official inquiry into the circumstances of the outbreak has been ordered by the Board of Trade. The result of this inquiry should be made public, for we are informed by Mr. Harry Leach that these are the most severe cases that have been received into the *Dreadnought* Hospital Ship since the Duke of Richmond's Act came into operation.

SIR F. CROSSLEY, Bart., M.P., has offered £10,000 towards the erection of a new infirmary at Halifax, on condition that the present building be retained for convalescents only, and a new building be erected upon some other appropriate site.

BEQUESTS AND DONATIONS.—Matthew P. Bell, Esq., has bequeathed £200 to the Glasgow Convalescent Home; and a legacy of £100 has been received under the will of Dr. John Agnew.—Wm. Spark, Esq., has bequeathed £100 to the Royal Infirmary, Aberdeen.—A legacy of £50 has been received by the Taunton and Somerset County Hospital, under the will of Mrs. Harriet Wilkins.—Mrs. G. F. Muntz, of Umberslade, has forwarded, through Dr. Fleming, the handsome donation of £200 for the Birmingham Training Institution for Nurses. The Royal London Ophthalmic Hospital has received a second donation of £1000 from T. R. C.

Medical Appointments.

BOYD, W., M.R.C.S.E., has been appointed Surgeon to the Durham County Prison, vice G. Shaw, M.R.C.S.E., deceased.

CAMERON, Dr., of the Royal Infirmary, Edinburgh, has been appointed Resident Medical Officer for Out-patients of the Bradford (Yorkshire) Infirmary and Dispensary, vice F. C. P. Howes, M.D., resigned.

CARTER, E. H., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Chelmsford Union, vice John N. Barlow, M.R.C.S.E., resigned.

CROCKETT, E., L.R.C.P.Ed., has been appointed Medical Officer for the Wombwell District of the Barnsley Union, Yorkshire.

DOUDNEY, E., M.R.C.S.E., has been appointed Emigration Surgeon Superintendent to the Queensland Government.

ELLIOT, G. S., L.R.C.P.Ed., has been appointed Assistant Medical Officer at the Coton-hill Lunatic Asylum, Stafford, vice C. F. Long, M.R.C.S.E., appointed Resident Medical Superintendent of the Borough of Ipswich Lunatic Asylum.

FIELDING, J. R., M.R.C.S.E., has been appointed Surgeon to the Alfreton Ironworks, Derbyshire, to the Ridding's Colliery, and to the Selston Colliery, vice J. H. Cannon, M.R.C.S.E., resigned.

GEE, Dr., has been appointed Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital.

GIBBS, R., L.R.C.P.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Rathdrum Dispensary District of the Rathdrum Union, Co. Wicklow, vice John Gay French, L.K.Q.C.P.I., resigned.

GREENING, F. J., M.R.C.S.E., has been appointed House-Surgeon to the Royal Isle of Wight Infirmary, Ryde, vice H. P. Deacon, M.R.C.S.E., whose appointment has expired.

GRIFFITH, E., M.R.C.S.E., has been re-elected Medical Officer for the Darowen District of the Machynlleth Union, Montgomeryshire.

JESSETT, F. B., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 2a (Crayford and Erith) of the Dartford Union, Kent, and Surgeon to Messrs. Easton and Co.'s Foundry, Erith, vice F. A. Tipple, M.R.C.S.E., deceased.

JONES, T., M.R.C.S.E., has been appointed Medical Officer for the Llandyssil District of the Newcastle-in-Emlyn Union, vice John Jones, M.R.C.S.E., resigned.

LEITCH, J. G., M.D., has been appointed Medical Officer for the 1st District of the City Parish, Glasgow, vice Mr. J. Leitch, Surgeon, resigned.

LOUSLEY, O., M.R.C.S.E., has been appointed Medical Officer for the St. Giles District of the Reading Union, vice H. H. Phillips, M.B., resigned.

MAY, T., L.S.A.L., has been elected Resident House-Physician at the Westminster Hospital, vice W. Wearne, M.R.C.S.E., resigned.

O'REILLY, F. J., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Trim Dispensary District of the Trim Union, Co. Meath, vice T. Wallace, M.R.C.S.E., resigned.

PRYTHERCH, J., M.D., has been appointed Medical Officer for District No. 3 of the Parish of Liverpool.

PUGHE, J., F.R.C.S.E., has been re-elected Medical Officer for the Llanwrin District of the Machynlleth Union.

RAGGLIATI, A. C. F., M.B., has been appointed Resident Medical Officer for In-patients of the Bradford (Yorkshire) Infirmary and Dispensary, vice J. R. Rouch, L.R.C.P.L., resigned.

ROBERTSON, C. A. L., M.D., has been appointed Honorary Consulting Physician to the Sussex Lunatic Asylum, Hayward's-heath, on resigning as Resident Medical Superintendent.

ROBINSON, C. A., M.R.C.S.E., has been appointed Resident Medical Officer to St. Peter's Hospital for Stone, &c., Berners-street.

SHUTTLEWORTH, G. E., B.A., M.D., M.R.C.S.E., L.S.A., Medical Assoc. King's College, London, Assistant Medical Officer to the Earlswood Asylum for Idiots, has been appointed Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, Lancaster.

SKELTON, Dr. J. M., has been appointed Resident Assistant Medical Officer at the Littlemore Lunatic Asylum, near Oxford, vice Wm. J. Marsh, M.R.C.S.E., resigned.

STEWART, J., L.R.C.S.I., late Assistant-Surgeon R.N., has been appointed second Assistant Medical Officer to the Dorsetshire Lunatic Asylums, near Dorchester, vice H. G. Walker, L.R.C.P.L., resigned.

TAYLOR, J., M.R.C.S.E., late of the Sheffield Public Hospital and Dispensary, has been appointed Surgeon to the Sheffield United Burgess Sick and Funeral Society.

Births, Marriages, and Deaths.

BIRTHS.

BROCKLESBY.—On the 26th ult., at Donington, near Spalding, the wife of R. Brocklesby, L.R.C.P.Ed., of a son.

CHENAYE.—On the 3rd ult., at the Residency, Khatmandoo, Nepal, the wife of Assistant-Surgeon Geo. C. Chesnaye, F.R.C.S.I., H.M.'s Bengal Medical Service, of a son.

CHRISTISON.—On the 23rd of Feb., at Agra, the wife of Dr. A. Christison, Surgeon Bengal Army, of a son.

LAND.—On the 1st inst., at Exmouth, the wife of Wm. J. Land, M.R.C.S.E., of a daughter.

NICHOLLS.—On the 1st inst., at Knutsford, the wife of Dr. Nicholls, of a daughter.

PAUL.—On the 1st inst., at Burton-crescent, the wife of James T. Paul, L.R.C.P.Ed., of a daughter, still-born.

MARRIAGES.

GRIFFITH—GARBUTT.—On the 30th ult., at Osmotherley, Yorkshire, W. B. Griffith, L.R.C.P.Ed., to Miss Annie Garbutt.

HARDY—FERRAR.—On the 30th ult., at Belfast, Dr. Horatio Nelson Hardy, to Mary Minchin, daughter of Michael Ferrar, Esq.

SIDDALL—BINNS.—On the 5th of Feb., at H.B.M.'s Legation, Yokohama, Japan, Joseph B. Siddall, M.D., Surgeon to the British Legation, Yokohama, to Mary Elizabeth, second daughter of C. Binns, Esq., of Clay-cross.

DEATHS.

BROWNE.—On the 23rd ult., F. H. Browne, M.R.C.S.E., of Ilminster, Somersetshire, aged 32.

CATLETT.—On the 1st of Jan., at Burwood, New South Wales, Dr. William Catlett, formerly of Grantham, aged 69.

MARTIN.—On the 4th inst., J. Martin, M.R.C.S.E., of Holly House, Waver-tree-road, Liverpool, aged 31.

MILLER.—On the 5th inst., James Miller, L.R.C.S.Ed., of Heald-mount, Bowden, formerly of Higher Broughton, Manchester, aged 75.

NELSON.—On the 21st ult., D. J. Nelson, F.R.C.S.E., of Marlborough-hill, St. John's-wood.

PRICE.—On the 26th ult., Brisco Price, Surgeon (retired), of Crompton-street, Newington-butts.

SNOWDON.—On the 27th ult., S. Snowdon, M.D., of Wigton, aged 40.

Medical Diary of the Week.

Monday, April 11.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Sedgwick, "On an Apparatus for the Injection of Perchloride of Iron into the Uterus during Flooding." — Mr. John Gay (President), "On Ulceration of the Vermiform Appendix." — Dr. John Thompson Dickson, "On the Pathology of Puerperal Insanity."

Tuesday, April 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 P.M. Ballot. — 8½ P.M. Mr. F. J. Gant, "On Excision of the Knee, Hip, and Elbow Joints for Disease."—Succeeded by Special General Meeting for confirmation of the Scheme for the Union of the Medical Societies.

Wednesday, April 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 1 0½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
EPIDEMIOLOGICAL SOCIETY. — 8 P.M. Dr. Gavin Milroy, "On Mixed Outbreaks of Variola, Varioloid, and Varicella."
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. H. C. Sorby, "On the Colouring Matter derived from the Decomposition of some Minute Organisms."
HUNTERIAN SOCIETY. — 7½ P.M. Council Meeting.—8 P.M. Open Meeting.

Thursday, April 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, April 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, April 16.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

GUTTER-CHILDREN.

ENGLAND'S misfortune is Canada's opportunity. Such is the lesson taught us by Miss Rye's philanthropic and useful labours. Of the seventy little orphan girls who under her auspices have found in the far West the home denied to them in the mother-land, her most sanguine expectations (she tells the world through *The Times*) have been more than fulfilled. Their health has been wonderfully good—both doctor and dispenser being themselves dispensed with. They have proved affectionate, obedient, and grateful, and all, especially those from the Kirkdale Industrial School at Liverpool, have turned out capital workers, creditable at once to their teachers and themselves. From "Our Western Home, Niagara, Canada West," Miss Rye appeals to the philanthropically minded of the British public for another party of little emigrants, to be ready for her on her arrival here in April, so as to accompany her on her return at the end of May. Upwards of a hundred homes are waiting for them; and their protectors here may be assured that, as on the voyage out, so on their arrival, they will receive every attention that kind hearts and able hands can bestow. It were idle to calculate the boon conferred on England by the rescue of these orphans, and their entrance on a useful and virtuous life, away from the moral and sanitary risks of our great cities; while to Canada, under-populated as she is, the acquisition of so many young, active, and intelligent females is a bit of good fortune which she cannot fail to appreciate. Young Canadians of the rougher sex own themselves the most immediate gainers by the English exodus, and, doubtless, make pleasant reference to their future helpmates "coming through the Rye."

W. C. M., (Nottingham.)—1. Dr. Eustace Smith on Wasting Diseases of Children.—2. Any of the text-books on Materia Medica.

DELHI BOILS.

WE not long ago called attention to a paper on this subject that had appeared in the *Indian Medical Gazette* for November last, in which it was conjectured that a connexion existed between these affections and the irritation caused by the presence and development of ova of some animal parasite. Some of the bodies found in the diseased parts, when microscopically examined, presented a very great resemblance to these; but their real nature has since been made out by the aid of chemical reagents and further examination. They are not, we are told, ova, but cystic growths of the hair and hair-bulbs, which are a peculiar result of the disease. The cultivation of microscopical and pathological researches in India is no easy task; but it is to be hoped that, if the cause or causes of this disorder be of a preventable character, they may be soon discovered, for "Delhi boils" have indirectly cost the Government several thousand pounds.

M.B.—Bonthron, 106, Regent-street, W.; Chapman and Co., 3, Railway-place, E.C.

MEDICAL TITLES AND QUALIFICATIONS.

To the Editor of THE LANCET.

SIR,—I presume the idea of establishing a distinct Medical University in each of the three kingdoms has often ere this been submitted to the consideration of the medical world. Can you inform me on what grounds the idea was in each case abandoned?

I should imagine the present to be a most favourable opportunity for re-discussing this question, if no serious difficulties stand opposed, as also of the following.

The Colleges of Physicians and Surgeons grant to the family practitioner the licence and membership respectively. May I ask, in the first place, what the nature of the new diploma is likely to be when the Colleges in future unite to grant a single qualification? Is the following suggestion worthy of a moment's consideration?—Either that the degree of M.D. should be granted to *all* practitioners of medicine under the amalgamation of hospitals scheme, or that the joint examination of the two Colleges should confer the title of "member of the Colleges of Physicians and Surgeons" (M.R.C.P. & S.).

If the College of Physicians would only recognise two instead of three grades, as does the College of Surgeons, and confer the membership upon the whole profession, imposing whatever restrictions they pleased, we should soon find a more healthy tone throughout the whole profession. Assuming, then, every practitioner to be M.R.C.P. & S., all intending specialists and consultants in medicine and surgery could obtain by separate examinations, and not by courtesy, the higher grades of F.R.C.P. and F.R.C.S. respectively.

It is utterly useless to talk about a higher standard of education for the medical profession if there is to be no higher qualification than what is already afforded its ordinary members. The public at present views the distinction between a physician and the so-called "surgeon" as one altogether of kind, and not, as it should be, of degree; and we may rest assured that while this is the case the profession generally will never take that position in society which under more favourable circumstances it would, as a matter of course, not fail to do.

To meet one very great objection to my last scheme I have a further suggestion to offer.

The majority of family practitioners provide their own medicines. This arrangement is certainly a most unfortunate one, but, I fancy, could be remedied.

First, take the working classes. Cannot one great dispensary system on the self-supporting principle be adopted in each town and village throughout the kingdom, the funds of which could be made up of the following:—

1. Subscriptions and donations, as at present, from the wealthier classes.
2. The weekly contributions of the ordinary working classes, including those now paying into Benefit Societies for medical attendance.
3. The salaries at present paid to "parish doctors" (!), which last, if inadequate, as they would prove to be, would simply have to be raised.

With this arrangement medical men would no longer have to supply the working classes with medicines; for those under the care of properly qualified practitioners would be provided out of the funds of the several institutions attached to each district.

As to the better classes of patients, there could be no difficulty either; for as every practitioner would only visit and prescribe, chemists would be willing not only to undertake the dispensing, but also be content with a small profit on each prescription.

As there are few family practitioners, particularly those in the country, who are not more or less connected with some "public appointment," should we not find their social positions raised as the medical officers of the —— Dispensary, while they only at present figure as the "club" or "parish" doctor?

Education will, doubtless, do much for us; but there is more still in a name. I am, Sir, yours faithfully,

March 29th, 1870. A GRADUATE IN ARTS AND MEDICINE.

*** Some of the suggestions of our correspondent are very worthy of discussion. It is high time that the title of mere licentiates of the Colleges was discontinued. We do not know what our correspondent means by the "amalgamation of hospitals scheme;" but it is out of the question to confer the title of "M.D." on *all* practitioners. In its very nature it is a distinction.—ED. L.

Mr. Alfred Tawsley.—Charcoal used for heating purposes is quite innocuous, unless the fumes are allowed to escape, when they are certainly deleterious, and in sleeping apartments apt to prove fatal.

E. J. C., (Barnsley.)—Advertisers of the kind named should be studiously avoided.

PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—Will any of your numerous readers kindly refer me to any book, paper, or person calculated to give me information as to the best means to adopt to form a dispensary, with a few beds attached, in a town with 10,000 inhabitants? Whether such dispensary should be entirely free or entirely self-supporting, or a combination of both?—Yours obediently,

Mansfield Notts, April 2nd, 1870. THOS. GODFREY.

RUABON SICK CLUBS.

WE are informed that at Ruabon, North Wales, there is an objection on the part of the Clubs to give the medical men the sum which they ask—viz., 5s. per member per year, and 2s. 6d. more for attendance on wife and children. We do not know what the previous terms were, and we think charges should be somewhat gradual; but in themselves the above terms are quite reasonable, and we trust that the Sick Clubs will reconsider their objections. They will never lose anything by treating their medical men well.

T. H.—Let our correspondent consult any respectable surgeon.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—THE LANCET of to-day contains a most important letter from "The Prefects" of the Royal Medical Benevolent College. Surely, when the leading pupils complain of the want of teaching which shall place them on a level with other schools, something must be done. I addressed you last year upon this subject, and then urged that graduates of the University of London should be added to the staff of masters, whose duty should be to thoroughly drill the elder boys in the subjects examined upon at matriculation. Instead of Chemistry and Natural Philosophy being taught by a gentleman coming from London once or twice a week, why should they not be taught thoroughly by a master in the College? Who undertake the departments of French, Geography, History, and English Language? and are candidates frequently tested as to their progress in these branches, as well as in Classics and Mathematics, by paper work, the only true test of exact acquirement? These are questions which some at least of the members of the Council ought to feel the importance of, and to inquire why the Epsom boys cannot do as well as those from Clevedon College, Amersham Hall, and Grove House. I happen to know something of these three schools. The first two have about 100 pupils; the last only about 50. All are officered by London University men, and all succeed in making their pupils stand well in matriculation honours. Why cannot Epsom do the same? Is it incompetency or is it laziness in the masters? Or do the boys lack intelligence or industry? As a supporter of the College from its commencement, I call upon the Council and masters either to change all this, or publicly in your columns to let us know why it cannot be done. One thing is certain; there must be entire absence of a spirit of emulation and tacit admission of incompetency, when, even to secure *low* Honours, a boy must be sent away to a private tutor. No Epsom boy was ever yet placed amongst the first five—I think never amongst the first ten or twelve; yet see how many from the schools I have named have achieved that distinction. Let Council and masters, if they are willing to be enlightened, visit those schools, and see how it is done. I am inclined to believe that the number of candidates for matriculation from Epsom is diminishing.

Will the noble President, who urged strongly a year or two ago, on some public occasion connected with the College, that the instruction given should be based upon the requirements of that examination, look into the matter, and take the chair at a meeting of parents of pupils and subscribers? I am, Sir, yours faithfully,

April 2nd, 1870. A SUBSCRIBER.

To the Editor of THE LANCET.

SIR,—"The Prefects" of the Epsom College, in their letter in your last impression, do not state the whole truth, which I believe to be this: Three boys were "reported," the allegation being theft. Now, against two the Educational Committee failed to obtain any evidence, whilst the third was proved guilty. On his guilt being established, it was recommended to his guardian to remove him, to prevent expulsion. Practically, therefore, he was expelled; and the Head Master might have officially announced to the school the fact, and improved the occasion, that a boy found guilty of theft was no longer a pupil!

Under this case lie many questions of deep importance. And, firstly, let me say—and I speak with some knowledge of public schools—that if the Prefects, the examplars for good and evil, would encourage a higher tone of feeling throughout the school, there would be no fear of immorality. The whole of the "school law"—that unwritten discipline which emanates from and is maintained by them—must indeed be bad if hordes of evil-doers exist among them. If in school hours they did more work, and out of school hours set forth and saw carried out a higher tone of feeling and conduct, the atmosphere of Epsom would not be contaminated by such evil influences as report favours.

To a still higher authority, the Assistant-Masters, much blame attaches. With them, I fear, there is want both of good example and vigilance in and out of school, or the "ill-weed" would find no soil in which to thrive. Their appointment rests with the Head Master; consequently if he have not confidence in them, the responsibility of their shortcomings rests on him in whom the management of the school is vested.

Above all, the friends of the College—and I claim to be one—look to the Council to purify the atmosphere of this noble institution; to discover among its authorities the wrong-doers, and, if they cannot be mended, to remove them. I am, Sir, yours truly,

April 2nd, 1870. A LIFE GOVERNOR.

To the Editor of THE LANCET.

SIR,—As both the conduct of the pupils and the good results of their education are being questioned, it may not be amiss to state that both the method of education and the class exclusiveness of the school are much spoken against. In many modern schools there is a plan of bifurcation by which pupils, after having acquired a certain amount of knowledge, are divided, and instructed in those branches which will be of service to them in their future career. In Epsom there is nothing of this.

It is also considered that as Marlborough and other large schools were founded specially for the sons of men in a certain class, yet wisely admit a great number of boys from other classes on payment of a higher sum, so Epsom should educate the sons of medical men at the present rate, but also receive others at an increased payment. It is strongly expressed that the views and characters of boys are greatly cramped and narrowed by keeping them so exclusively to their own special class. Lastly, many complain of the number of boarders being limited, and believe an enlargement of the school on the above bases would be both an educational and commercial success. I remain, Sir, yours, &c.,

April 6th, 1870. AN HON. LOCAL SECRETARY.

Ignoramus.—An ointment made of hydrargyri oxydum rubrum and unguentum resinæ will quickly change from a deep orange to a slate colour, if the unguentum resinæ be at all rancid. Exposure to light will likewise hasten this change. Red oxide of mercury itself gradually turns black when exposed to sunshine, being superficially decomposed into oxygen and metallic mercury, according to Guibourt, or, according to Donovan, into oxygen and black oxide (suboxide) of mercury. The latter is probably the change which the red oxide of mercury undergoes in the above ointment. Has the unguentum resinæ always been made from the same pharmacopœial formula? If made according to P.L. (ceratum resinæ), we should suppose it would be less likely to be rancid, and therefore less liable to change the colour of red oxide of mercury than if made according to the B.P formula for unguentum resinæ. Upwards of half unguentum resinæ (B.P.) consists of unguentum simplex, into the composition of which white wax enters, and this in the process of bleaching always becomes more or less rancid, and will promote rancidity in the ointments of which it is a component. If the unguentum resinæ redden litmus, this will prove it to be rancid. A more delicate test is a strong solution of iodide of potassium; if the ointment be rancid, on mixing it with a little of this solution, iodine will be set free, which will give its characteristic colour to the ointment. The B.P. formula is much too complex, and the ointment is more prone to become rancid than the P.L. ceratum resinæ.

TO PARENTS AND GUARDIANS.

THE following judicious and amusing circular has just been issued by the head of a large proprietary school at Kelvedon, in Essex:—

"Mr. Wiseman, having recently narrowly escaped the introduction of scarlatina and measles into his school, contemplates the approaching Easter holidays with some apprehension, and trusts that no parents will have their boys home in whose localities these pests are prevalent.

"Mr. W. is happy to say that all his pupils are quite well; but during the former part of the last quarter much illness occurred, arising from the stock of eatables with which they were supplied from home. Mr. W. counted seventeen hampers filled with 'school-boy delicacies' enter his premises in thirteen days. The consequences were, disordered stomachs, bilious attacks, diarrhœa, poorness of blood, cutaneous eruptions, and other evils arising from indigestion.

"Mr. Wiseman does not, like many schoolmasters, forbid the entrance of such hampers into his school; but earnestly requests parents, as they value the health and growth of their sons, to be less liberal in their supplies.

"A few years ago Mr. W. found it necessary to make a similar appeal, to which his friends cordially responded, with beneficial results to all parties concerned, except the doctor.

"Kelvedon Collegiate School, April, 1870."

Subscriber.—The insertion of paragraphs of the kind forwarded by our correspondent is, no doubt, open to grave objection; but their appearance is generally to be ascribed to the ignorant zeal of some non-professional friend.

THE communication of *J. C.* (Bayswater) has not been received.

THE GALWAY MEDICAL COLLEGE.

To the Editor of THE LANCET.

SIR,—I am directed to inform you that the Visitors of this College held an *extraordinary visitation* in Dublin Castle on the 30th and 31st ult., for the purpose of hearing an appeal from Mr. Andrew Smith Melville against a sentence of rustication pronounced upon him by the College Council on the 30th January last.

The Visitors present were, the Right Hon. Sir M. Brady, Bart., P.C., the President of the King and Queen's College of Physicians, and the President of the Royal College of Surgeons.

The sentence of the College Council against which Mr. Melville appealed was as follows:—

"Resolved,—That Mr. Andrew Smith Melville, a scholar of this College, in a series of letters published in THE LANCET, the authorship of which he has acknowledged, has aspersed the character of the authorities of this College in abusive and libellous terms, and has endeavoured to substantiate his aspersions by statements which, as a student of some years' standing, and as the son of a Professor, he must have known to be unfounded.

"That in the same letters Mr. Melville has assailed, in the most unmistakable language, the integrity of the College Council, and denied their wish to act with impartiality and justice.

"That, in addition to many gross aspersions on the members of the Medical Faculty, Mr. Melville has also denied the ability of the Professors to give 'proper instruction on most subjects.'

"That Mr. Melville having thus violated all discipline in an endeavour to destroy the reputation of the College, to impugn the honour of its authorities, and depreciate the attainments of its Professors, the President and Council are compelled to deprive him of his scholarship, and to exclude him, for a period of three years from this date, from an institution he has so flagrantly outraged and so falsely traduced."

I now send you a *verbatim* report of the decision of the Visitors, from which you will see that, after a lengthened inquiry, the Visitors adopt every word of the above decision of the Council, and find that Mr. Melville was, in fact, guilty of the offence charged against him, though they at the same time reduce the term of punishment to one year.

I also send you a copy of all the letters and documents laid before the Visitors.

I may mention that Mr. Melville did not produce a single witness in substantiation of his statements, though he had repeatedly said that he would be able to establish their truth by "numerous witnesses."

On the 3rd March I wrote to Mr. Melville, informing him that the Visitors would hold a Court for the hearing of his appeal on the 30th of that month. Strange to say, I find a letter from him in THE LANCET of the 26th ult., bearing date the 13th ult., in which he says: "You ask whether the matter is to be allowed to stop here? I do not know. As yet there has been no attempt at an investigation; that is, a searching inquiry before impartial judges totally unconnected with the Queen's University." When Mr. Melville wrote these words, he knew that the Visitors had determined to hold an investigation in a few days. The Board of Visitors consists of nine noblemen and gentlemen, of the highest character and position, of whom only one, Sir Maziere Brady, the Vice-Chancellor of the University, is in any way connected with the Queen's University. Mr. Melville either intended to impute to this Board of Visitors the same want of judicial impartiality he has so repeatedly charged against the College Council, or he wilfully attempted to mislead you and your readers. In either case you can, from this, judge of the recklessness of his other statements.

This Visitation, it should be observed, was the first opportunity which Mr. Melville, notwithstanding his professed anxiety for a "searching inquiry," afforded the College authorities of meeting his charges, though so far back as the 13th December he was informed by the Vice-Chancellor as to the course he should adopt if he felt himself aggrieved. By persistently refusing to bring his case before the President and Council of his College—a course in default of which the Visitors could not interfere,—he rendered it impossible earlier to hold an authoritative investigation into his allegations.

In conclusion, permit me to solicit your careful consideration of the judgment of the Visitors, as pronounced by the Vice-Chancellor, and of the Report of the Presidents of the Colleges of Physicians and Surgeons on the State of the Medical School of the Queen's College, Galway, and of the Hospitals connected with it—a Report founded on personal inspection,—from which you can judge what weight should attach to Mr. Melville's statements.

I am, Sir, your obedient servant,

Queen's College, Galway, 4th April, 1870. WM. LUPTON, Registrar.

To the Editor of THE LANCET.

SIR,—In your issue of March 26th you comment upon the discreditable contradictions which the Galway College scandal has brought to light. You also condemn the impropriety of introducing the mixed education controversy into a purely medical question, and into the pages of a purely medical journal.

Upon the first point, while expressing my entire concurrence with your general opinion, I might yet ask you to draw one distinction between the statements of Mr. Melville and myself, and the statements which have been put forward on behalf of the Queen's College authorities. Mr. Melville and I openly demand a public and sworn inquiry, in order to have all our charges investigated. The Queen's College authorities take care to demand nothing of the kind.

Upon the second point, the manifest impropriety of dragging the mixed education controversy into this medical matter, I would respectfully remind you that nowhere in your pages have I attempted the very faintest discussion of mixed education. It is true that I have very strong convictions upon this subject. But, Sir, I am fully aware how utterly foreign to your aim as a medical journalist would be the discussion of such a topic. I have therefore strictly avoided it.

As a specimen of the attempts made to discredit my testimony, I trust you will permit me to place Mr. Pye's attack upon me in its true light. "I regret, Sir," Mr. Pye writes, "that in a pamphlet published by Mr. O'Donnell, after various arguments having been adduced in favour of a Catholic University, THE LANCET is quoted as an authority to prove 'the discreditable state of things' existing in this College, the want of clinical teaching and hospitals, &c. All reference to the non-investigation of the charges is omitted, as is every remark in other numbers of your journal, in which you state you can form no judgment of the facts." You may be surprised to learn after this that in my quotation from your journal, your words—"We do not know, of course, whether the statements can be substantiated or not"—are expressly given. In fact, Sir, there is nothing whatever omitted in the quotation from THE LANCET. To prevent any doubt, I forward to you a copy of the pamphlet in question.

I am, Sir, your obedient servant,

Galway, March 28th, 1870. F. H. O'DONNELL, M.A.

L.R.C.P., (Willenhall.)—We fully concur with our correspondent as to the nature of the production in question. It is a piece of ridiculous and disgusting charlatanism; but the law gives no power to suppress such productions.

PREPARED COD-LIVER OILS.

Messrs. Rogerson and Son, Pharmaceutical Chemists, Bradford, have been good enough to furnish us with the following recipe for a preparation that is somewhat extensively vended in several parts of the country under the alluring title of "Cod-liver Cream":—

"A quarter of an ounce of elect gum tragacanth steeped in sixteen ounces of cold water for twenty-four hours—during which time it should be stirred occasionally—yields a fine gelatinous mucilage, which, when mixed in any proportion with cod-liver-oil, and simply shaken with it, permanently diffuses the oil into particles, which in vain struggle for reunion. It is usual to mix the mucilage and oil in equal parts, and it is further only required to sweeten, and add as a preservative and savourer to each ounce of the mixture one drachm of spirits of wine, to which has been added a drop of essence of lemon, the same quantity of essence of almonds, and a trifle of oil of cassia. Thus is the mucilage completed, and of so agreeable a flavour is the result that to most palates it would be found to acquit itself creditably in comparison with an average custard."

A Student, (Birmingham.)—Lehrbuch der Augenheilkunde, von Dr. Rudolf Schelske; Berlin, Hirschwald, 1870. The work is in two parts, the second of which is not yet published.

Dr. Thyne.—Our correspondent cannot claim more than a guinea a day.

HAY-ASTHMA.

To the Editor of THE LANCET.

SIR,—One of the officers of my regiment always suffers from hay-asthma during May and June; and whether living on shore or on board ship, in England or out of it, suffers at the same time and to the same degree. He has tried all sorts of medicines, and says sniffing chloroform is the only thing that has done good. Do you think the nitrite of amyle would be beneficial? None of my medical friends here have any personal experience of it; hence my troubling you. Who sells it pure?

Yours very truly,

S. GROSS, Assistant-Surgeon.

Royal Marine Artillery Barracks, Eastney, near Portsmouth, April 6th, 1870.

CATCHING TITLES.

WE have on more than one occasion had to comment upon the *ad captandum* titles adopted by some medical authors for their works, and the title of a forthcoming pamphlet on the treatment of urethral stricture by a young London surgeon appears to us open to objection, and will, we trust, receive some modification.

Honesty is thanked; but the case is hardly a *dignus vindice nodus*.

ST. LUKE'S HOSPITAL AGAIN.

WE have been requested to publish the following correspondence.

Sussex Lunatic Asylum, Hayward's Heath,
March 25th, 1870.

MY DEAR SIR,—Some three weeks ago, Mr. Bull, a medical man practising at Lindfield, and much respected in this neighbourhood, consulted me, in Dr. Robertson's absence, respecting a Mrs. Guy, a patient of his, suffering from acute mania; and acting on instructions received from Dr. Robertson always to recommend St. Luke's Hospital in preference to the London private asylums, I advised Mr. Bull to take his patient to St. Luke's.

I did not see Mr. Bull again until yesterday, when he informed me that Mrs. Guy had been refused admission on the ground that she was in a dying state, and he had at great trouble and risk to take her to the Bethnal-green Asylum, where she now is.

I have taken the liberty of thus writing to you, in order that before, in the course of my duty, I report these facts to Dr. Robertson, I may receive any explanatory facts you may care to write me, and which may guide my conduct in the future when contemplating sending a patient to St. Luke's Hospital. I am, dear Sir, yours faithfully,

S. W. D. WILLIAMS.

To Dr. Dickson, St. Luke's Hospital, Old-street-road, London.

St. Luke's Hospital, Old-street, London, E.C.,
March 28th, 1870.

MY DEAR SIR,—I am this morning favoured with your letter of the 25th inst. The patient in question was brought in a state of extreme debility. This was admitted by her friends, who stated that she was taken out of bed to be brought here. She further appeared to be paralysed, and seemed to drag one of her legs. On this point, however, I failed to obtain satisfactory information from her friends.

The case appeared to me to be inadmissible according to the rules, a copy of which I send you under another cover, and I did not feel that I should take the responsibility of admission upon myself.

My powers regarding admission only extend to urgent cases. As a rule, patients are brought here on Friday mornings, and the Committee meet on that day to consider the applications. It is always well, however, to make a preliminary application to the Secretary, who would forward a series of questions to be answered for the information of the Committee.

I am really very sorry that there should have been any difficulty in this case. It is always my desire, as I am sure you are well aware, to afford every facility and assistance in my power to the friends of an unfortunate lunatic. Believe me, my dear Sir,

Very sincerely yours,

Dr. Williams, Hayward's Heath. J. THOMPSON DICKSON.

C. F. C.—Foreign degrees are not registerable. The University of St. Andrews alone grants degrees without residence, but only to ten persons annually, who must be over forty years of age, and whose professional position and experience are such as to satisfy the examiners of the sufficiency of their professional knowledge.

Expectans.—Apply to Messrs. Churchill, New Burlington-street.

BULL-FIGHTS.

To the Editor of THE LANCET.

SIR,—Undeserved praise is, perhaps, the most cutting vituperation. Allow me to call your attention to that which you have bestowed on the Portuguese nation. I have been a great many times in Lisbon; but never, so far as I recollect, without seeing the walls placarded with announcements of bull-fights for some proximate Sunday, with the statement of how many *fierce* bulls would be encountered, together with the names of the celebrated matadores who were to engage with them. Yours faithfully,

Kensington, April 4th, 1870. J. C.

*** A bull-fight in Spain struck us as a very cruel and demoralising spectacle. The horses used are poor weedy animals, only urged on by spur. They often receive horrible injuries from the bull; and when they fall from loss of blood, they are sometimes belaboured until they rise. We have not witnessed a bull-fight in Portugal; but we have always understood that it was shorn of these cruelties.—ED. L.

Mr. W. H. Bennett.—We presume our correspondent's family has some medical attendant. Ask him. We do not give private answers; neither do we prescribe or recommend individual medical men by name.

OBSTINATE SKIN DISEASE.

To the Editor of THE LANCET.

SIR,—In reply to a query of Mr. A. B. Cheves in your last issue, allow me to suggest to him the trial of arsenic, giving it in small doses, as recommended by Dr. Sydney Ringer in cases of pemphigus. In such affections of the skin, one drop of the liquor of arsenate of potash, given three times a day in a dessert-spoonful of water, will yield the most satisfactory results. It must be continued without intermission for at least three weeks, when a pause of a few days may be made, resuming it afterwards.

Should the complaint not yield to arsenic, it may in all likelihood be cured by the tincture of rhus toxicodendron. The following formula, I believe, will be found to answer:—Tincture of rhus toxicodendron, one drachm; rectified spirits of wine, five drachms; distilled water, three drachms. Mix. Three to five drops three times a day in half a wineglassful of cold water. Continue this for fourteen days, then pause for three or four days, and resume it. Yours truly,

Malvern, April 5th, 1870. D. B. DALZELL, M.D.

Dr. J. Burney Yeo writes to warn the profession that for some time past an individual has been going about proffering to young physicians and surgeons the post of medical officer to a certain phantom Insurance Company, and procuring from them money in advance.

Inquirer can obtain full information on all the points alluded to in the Students' Number of THE LANCET.

Mr. William Parker's communication has received attention.

DEAF AND DUMB ASYLUMS.

To the Editor of THE LANCET.

SIR,—Will you allow me to recommend Dr. Pollock, whose note appears in your last number, to visit the Home for Deaf and Dumb at 44, Burton-crescent. He will there witness the results of the system of instruction which Mr. Van Praag, the Director of the Home, has introduced into England. This system consists in teaching the deaf mutes to utter articulate sounds by imitating the movements of the organs of speech; and to understand the speech of others by reading, so to say, the same movements, and more especially of the lips. By this means the pupils are instructed; and provided, as commonly happens, they are intelligent, there is no limit to the degree of education to which they may be brought. It is probable that every deaf mute may be thus taught to express at least simple ideas and wants in a mode intelligible to all. Mr. Van Praag's pupils, who have been under his care comparatively a short time, demonstrate the entire practicability of this method, which appears at first sight almost impossible. I may, however, add that during last autumn I had the opportunity of visiting the establishment at Rotterdam, where the same system has been in operation as many years as it has been months in London. The pupils of that institution, who had been under tuition a sufficient time, showed a proficiency which was simply marvellous; so that I cannot understand how it comes that the directors of other institutions of the same kind, if they are aware of these results, still adhere to the old clumsy language of signs.

I am, Sir, yours faithfully,

Wimpole-street, April 4th, 1870. HENRY SEWELL.

Isis.—Mr. Samuel D. Darbishire, the celebrated stroke oar of the Oxford crew, entered as a medical student at St. Bartholomew's Hospital in January of this year. Mr. Darbishire passed the Oxford Responsions examination in January, 1867.

COMPETITION IN THE HASTINGS UNION.

To the Editor of THE LANCET.

SIR,—Will you allow me to ask Mr. Tiechurst, of Hastings, how he came to apply for the office of surgeon to the No. 2 district of the Hastings Union, well knowing that Mr. Savery, the medical officer of that district, had retired because the guardians would not give him an increase of salary?

When Mr. Jones applied for the office of surgeon to the Bodmin Workhouse some twelve months ago, under similar circumstances, THE LANCET very properly took the matter up, and the consequence was Mr. Jones retired at once, and Mr. Mudge was re-elected with an increase in his salary. I can only express a hope that the same happy termination may result in the Hastings case. Your obedient servant,

March, 1870. A LOVER OF JUSTICE.

Mr. E. J. Cronch's (Bayswater) suggestions are now on their trial, at the close of which the question of "patent rights" will be entertained.

Dr. Woodward, (Worcester.)—The matter has not been overlooked, and a notice will appear shortly.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Dr. Maudsley; Dr. Handfield Jones; Dr. Vinen; Dr. Buchanan, Glasgow; Mr. Weeden Cooke; Mr. Beckwith; Dr. Rose, Chesterfield; Mr. Sewill; Dr. Sadler, Barnsley; Mr. Cremer; Mr. Thomas; Dr. Peppard, Piltown; Mr. Richard; Dr. Hooper; Mr. Priestley; Mr. R. Maynard; Dr. Williams, Hayward's Heath; Mr. Rigge; Mr. Best; Mr. Dickinson, Middlesbro'; Mr. A. Tansley; Mr. Jeremiah, jun.; Dr. Felce; Mr. Hall, Newcastle-on-Tyne; Mr. Johnson, Lancaster; Mr. Bogg, Louth; Mr. Howe; Mr. Wade; Mr. Mann, Ware; Mr. Coles, Eastbourne; Mr. Harmer; Mr. Gross, Eastney; Dr. Leitch; Dr. Mirton, Glasgow; Mr. Caldwell; Mr. R. Evans; Rev. Mr. Bloomfield; Mr. Gardner, Melksham; Dr. Harding, Whittlesea; Mr. Watkin, Llanrwst; Mr. Farrow; Mr. Morrison; Mr. Henry, Nottingham; Dr. Barkas; Mr. Scott; Dr. Phillips; Mr. Salmon; Mr. A. Norris, South Petherton; Mr. Peart, North Shields; Mr. Jones; Mr. Cummings; Mr. J. Browne; Dr. Shuttleworth, Earlswood; Mr. Burrows, Brighton; Dr. Whitmarsh, Hounslow; Mr. Jardine; Mr. Max Gregor; Mr. Williams, South Brent; Mr. Stokes, Dublin; Mr. Newton, Yokohama; Dr. Cooper; Mr. Jeaffreson, Newcastle-on-Tyne; Mr. Fry; Mr. T. Godfrey, Mansfield; Dr. Hartill, Willenhall; Mr. Chesnaye, Nepal; Mr. Bennett; Mr. Pollard; Mr. Reilly, Wigan; Dr. Williams, Norwich; Dr. Brushfield; Mr. F. Ward, Galway; Mr. M'Keown, Belfast; Mr. Bigg; Mr. Lee; Mr. Carter, Guildford; Rev. E. Bartrum, Berkhampstead; Dr. Yeo; Mr. Davy; Mr. Land, Exmouth; Mr. Robinson; Mr. Maltby, Basford; Mr. Holding; Mr. Smith; Dr. Dalzell, Malvern; Mr. Berridge; Dr. Corner; Mr. Nixon; Subscriber; The President of the Medical Council; A Life Governor; W. C. M.; W. P.; Royal Microscopical Society; An Hon. Local Secretary; M.D.; Medicus, Coventry; A. B.; Sapo; A Constant Reader; A Lover of Justice; E. R.; J. B.; The Director-General of the Medical Department of the Navy; Inquirer; ——, Bombay; LL.D.; J. C.; W. P.; D. K.; Recluse; M.B.; E. C.; Expectans; M.D., M.R.C.S.; &c. &c.

North Wales Chronicle, Brighton Gazette, Weekly Mail, Salford Chronicle, Journal de Médecine (Bruxelles), *Glasgow Medical Examiner, Nottingham Daily Express, Brighton Guardian, Food Journal, Newcastle Daily Chronicle, Surrey Comet, Journal of Mental Science, Indian Medical Gazette, Porcupine, Bristol Daily Post*, and *Carmarthen Herald* have been received